Utah Department of Health, Bureau of Child Care Licensing

Child Care Center Rule Enforcement Manual

Effective 12/30/06

Introduction

This manual has been prepared for child care center owners and staff, and licensing staff, to help ensure statewide consistency in the understanding and enforcement of child care licensing rules. The manual contains the following information:

Rule Text – the text of each rule is printed in black bold font.

Rational / Explanation – Information under this heading explains the reason for each rule, and may also give additional helpful information about the rule.

Enforcement – Information under this heading gives any needed details on how a rule will be enforced, and the noncompliance level(s) for a violation of the rule.

Information in the Rationale/Explanation section for most rules contains a reference to "CFOC." CFOC refers to the book *Caring for Our Children: Guidelines for Out-of-Home Child Care Programs.* This books contains health and safety standards for all types of child care programs. It is published by the American Academy of Pediatrics, the American Public Health Association, and the U.S. Department of Health & Human Services, Maternal and Child Health Bureau. The standards in *Caring for our Children* are generally accepted in the field as best practice standards for health and safety in child care programs. Utah has only implemented a portion of these standards in our child care licensing rules.

This manual will be periodically updated as needed, and is available via the Bureau of Licensing website at:

http://health.utah.gov/licensing

To verify if you have the most current version of the manual, check the date in the bottom left-hand corner of the manual pages with the date of the version currently available on the website.

R430-100-2. DEFINITIONS.

(1) "*Accredited College*" means a college accredited by an agency recognized by the United States Department of Education as a valid accrediting agency.

Rationale / Explanation

College coursework or degrees used by individuals to meet director qualifications must be from an accredited college. One easy way to determine if a college is accredited by an approved accrediting agency is if students at the college are eligible for federal financial aide. For information on accrediting agencies recognized by the U.S. Department of Education, see: http://ope.ed.gov/accreditation/

(2) "*ASTM*" means American Society for Testing and Materials.

Rationale / Explanation

The ASTM tests cushioning materials used under playground equipment to enure they provide adequate cushioning to prevent life-threatening injuries in case a child falls from the equipment.

(3) "*Body Fluids*" means blood, urine, feces, vomit, mucous, saliva, and breast milk.

Rationale / Explanation

Body fluids can spread disease. For this reason there are rules related to the proper handling of body fluids.

(4) "*Caregiver*" means an employee or volunteer who provides direct care to children.

Rationale / Explanation

Licensing rules specify criteria for caregivers, including, age, training, and background clearances. Licensing rules also specify various duties caregivers must perform.

(5) "*CPSC*" means the Consumer Product Safety Commission.

Rationale / Explanation

The CPSC establishes safety standards for consumer products, including playgrounds, playground equipment, and cushioning materials.

(6) "*Department*" means the Utah Department of Health.

Rationale / Explanation

The Utah Department of Health has the legal responsibility for regulating child care providers, as outlined in Utah Code, Chapter 26, Title 39.

(7) "*Designated Play Surface*" means a flat surface on a piece of stationary play equipment that a child could stand, walk, sit, or climb on, and is at least 2" by 2" in size.

Rationale / Explanation

The height of a designated play surface on a piece of play equipment determines how much protective

cushioning is required in the use zone under and around the equipment.

(8) "*Direct Supervision*" for infants, toddlers, and preschoolers means the caregiver can see and hear all of the children in his or her assigned group, and is near enough to intervene when necessary. "Direct Supervision" for school age children means the caregiver must be able to hear school age children and must be near enough to intervene when necessary.

Rationale / Explanation

Children in care must always be under the direct supervision of a caregiver.

(9) "*Disinfect*" means to eliminate most germs from inanimate surfaces through the use of chemicals registered with the U.S. Environmental Protection Agency as disinfectants in the manner described on the label, or through physical agents such as heat.

Rationale / Explanation

Disinfecting is used to remove disease-spreading germs from surfaces. Disinfecting is more rigorous than sanitizing, and is intended for surfaces that come into contact with body fluids. Disinfectant chemicals should not be used on surfaces that will go into children's mouths or touch their food, because chemical disinfectants are toxic. Disinfectants should not be sprayed when children are near enough to inhale the disinfectant.

One easy way to remember the difference between disinfecting and sanitizing is: "D" is for Disinfecting and Diapering (body fluids), and "S" is for Sanitizing and Snack (food service).

Surfaces must be clean before they are disinfected, because surfaces cannot be effectively disinfected unless they are first clean. An effective disinfectant can be made by mixing 1/4 cup of liquid chlorine bleach in 1 gallon of water, or 1 tablespoon of bleach in 1 quart of water, and allowing it to sit on the surface to be disinfected for 2 minutes before rinsing or wiping. CFOC, pgs. 417-418, 481, 483, 491

Bleach water solution loses its strength and is weakened by heat and sunlight. For maximum effectiveness a fresh bleach water mix should be made every day, and any leftover bleach water solution discarded at the end of the day. CFOC, pg. 417 Appendix I

(10) "*Emotional Abuse*" means behavior that could impair a child's emotional development, such as threatening, intimidating, humiliating, or demeaning a child, constant criticism, rejection, profane language, and inappropriate physical restraint.

Rationale / Explanation

Emotional abuse is prohibited in child care centers, including when disciplining children.

(11) "*Group*" means the children assigned to one or two caregivers, occupying an individual classroom or an area defined by furniture or another partition within a room.

(12) "*Health Care Provider*" means a licensed professional with prescriptive authority, such as a physician, nurse practitioner, or physician's assistant.

(13) "*Inaccessible to Children*" means either locked, such as in a locked room, cupboard or drawer, or with a child safety lock, or in a location that a child can not get to.

R430-100-2. DEFINITIONS.

(14) "*Infant*" means a child aged birth through 11 months of age.

(15) "*Infectious Disease*" means an illness that is capable of being spread from one person to another.

(16) "*Licensee*" means the legally responsible person or persons holding a valid Department of Health child care license.

Rationale / Explanation

The licensee is ultimately responsible for all aspects of the center's operation, and for the center's compliance with the licensing rules.

(17) "*Over-the-Counter Medication*" means medication that can be purchased without a written prescription from a health care provider. This includes herbal remedies.

Rationale / Explanation

Over-the-counter medications do not include topical antiseptic from a first aid kit, diaper cream, sunscreen, baby powder, or baby lotion.

(18) "*Parent*" means the parent or legal guardian of a child in care.

(19) "*Person*" means an individual or a business entity.

(20) "*Physical Abuse*" means causing nonaccidental physical harm to a child.

Rationale / Explanation

Physical abuse is prohibited in child care centers, including when disciplining children.

(21) "*Play Equipment Platform*" means a flat surface on a piece of stationary play equipment intended for more than one user to stand on, and upon which the users can move freely.

Rationale / Explanation

The height of a play equipment platform determines whether or not it requires a protective barrier to keep children from falling.

(22) "*Preschooler*" means a child aged 2 through 4, and 5 year olds who have not yet started kindergarten.

(23) "*Protective Barrier*" means an enclosing structure such as bars, lattice, or a solid panel, around an elevated play equipment platform that is intended to prevent a child from either accidently or deliberately passing through the barrier.

Rationale / Explanation

Protective barriers are required on play equipment, if one or more platforms on the equipment reach a certain height, in order to prevent falls from the platform.

(24) "*Provider*" means the licensee or a staff member to whom the licensee has delegated a duty under

this rule.

(25) "*Sanitize*" means to remove soil and small amounts of certain bacteria from a surface or object with a chemical agent.

Rationale / Explanation

Sanitizing is used to remove disease-spreading germs from surfaces. This procedure is less rigorous than disinfecting, and is used for food preparation and removing germs from items that may be put in a child's mouth. For a surface to be considered sanitary, the number of germs must be reduced to such a level that transmitting a disease by that surface is unlikely. Sanitizers should not be sprayed when children are near enough to inhale the sanitizer.

One easy way to remember the difference between disinfecting and sanitizing is: "S" is for Sanitizing and Snack (food service), and "D" is for Disinfecting and Diapering (body fluids).

Surfaces must be clean before they are sanitized, because surfaces cannot be effectively sanitized unless they are first clean. An effective sanitizing solution can be made by mixing 1 tablespoon of liquid chlorine bleach in 1 gallon of water, or 1 scant teaspoon of bleach in 1 quart of water, and allowing it to sit on the surface to be sanitized for 2 minutes before rinsing or wiping. CFOC, pgs. 417-418, 481, 483, 491

Bleach water solution loses its strength and is weakened by heat and sunlight. For maximum effectiveness a fresh bleach water mix should be made every day, and any leftover bleach water solution discarded at the end of the day. CFOC, pg. 417 Appendix I

(26) "*School Age*" means kindergarten and older age children.

(27) "*Sexual Abuse*" means abuse as defined in Utah Code, Section 76-5-404.1.(1)(2).

(28) "*Sexually Explicit Material*" means any depiction of sexually explicit conduct, as defined in Utah Code, Section 76-5a-2(8).

(29) "*Stationary Play Equipment*" means equipment such as a climber, a slide, a swing, a merry-go-round, or a spring rocker that is meant to stay in one location when children use it. Stationary play equipment does not include:

- **(a) a sandbox;**
- **(b) a stationary circular tricycle;**
- **(c) a sensory table; or**
- **(d) a playhouse, if the playhouse has no play equipment, such as a slide, swing, ladder, or climber attached to it.**

Rationale / Explanation

Stationary play equipment must have clear use zones and protective cushioning under and around it, depending on the height of the equipment.

(30) "*Toddler*" means a child aged 12 months but less than 24 months.

(31) "*Use Zone*" means the area beneath and surrounding a play structure or piece of equipment that is designated for unrestricted movement around the equipment, and onto which a child falling from or

exiting the equipment could be expected to land.

Rationale / Explanation

The use zone is the area under and around a piece of stationary play equipment where protective cushioning is required.

R430-100-3. LICENSE REQUIRED.

A person or persons must be licensed as a child care center under this rule if:

(1) they provide care in lieu of care ordinarily provided by a parent, for four or more hours per day;

Rationale / Explanation

Preschools and other programs that care for children for less than 4 hours per day are not required to be licensed. This includes preschools that have a morning and afternoon session, each less than 4 hours, provided that the same children do not attend both the morning and afternoon sessions.

(2) they provide care in a place other than the provider's home or the child's home;

Rationale / Explanation

Care provided in the providers home is regulated as either licensed family or residential certificate care. Care provided in the child's home is not regulated by the Department of Health.

(3) they provide care for five or more children;

Rationale / Explanation

Providers who care for four or fewer children are not required by statute to be regulated, whether the care is provided in a home or center.

(4) they provide care for each individual child for less than 24 hours per day;

Rationale / Explanation

Centers that provide live-in 24 hour per day care are regulated as residential facilities, not child care centers.

(5) the program has a regularly scheduled, ongoing enrollment; and

Rationale / Explanation

This means that children attend the program on a regular basis, as opposed to occasional drop-in care.

(6) they provide care for direct or indirect compensation.

Rationale / Explanation

This means the provider receives some form of compensation, whether monetary, or in the form of a trade for goods or services.

R430-100-4. INDOOR ENVIRONMENT.

(1) The licensee shall ensure that any building or playground structure constructed prior to 1978 which has peeling, flaking, chalking, or failing paint is tested for lead based paint. If lead based paint is found, the licensee shall contact the local health department and follow all required procedures for the removal of the lead based paint.

Rationale / Explanation

Ingestion of lead based paint can lead to high levels of lead in the blood, which affects the central nervous system and can cause mental retardation. Even at low levels of exposure, lead can cause a reduction in a child's IQ and their attention span, and result in reading and learning disabilities, hyperactivity, and behavioral problems. Other symptoms of low lead levels of lead in a child's body are subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span. CFOC, pgs. 233-234 Standard 5.110

The allowed amount of lead in paint was reduced in 1978. If a center constructed prior to 1978 has peeling, flaking, chalking or failing paint, they must provide documentation of testing for lead based paint. If lead based paint is found, the center must follow the procedures required by their local health department for the removal of lead based paint.

Some imported vinyl mini-blinds contain lead and can deteriorate from exposure to sunlight and heat, and form lead dust on the surface of the blinds. While there is no child care licensing rule that requires this, the CPSC recommends that consumers with children 6 years of age and younger remove old vinyl mini-blinds and replace them with new mini-blinds made without added lead. For more information, contact CPSC. CFOC, pgs. 233-234 Standard 5.110

Enforcement

Level 1 Noncompliance: If a building or playground structure constructed prior to 1978 has untested failing paint in an area accessible to children, or tested paint in any area that is shown to contain lead and has not been appropriately removed.

Level 2 Noncompliance: If a building or playground structure constructed prior to 1978 has untested failing paint in an area inaccessible to children.

(2) There shall be one working toilet and one working sink for every fifteen children in the center, excluding diapered children.

Rationale / Explanation

Young children need to use the bathroom frequently, and cannot wait long when they have to use the toilet. The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend 1 sink and toilet for every 10 toddlers and preschool age children, and 1 sink and toilet for every 15 school age children.

A large toilet room with many toilets used by several groups is less desirable than several small toilet rooms assigned to specific groups, because of the opportunities large shared rooms provide for transmitting infectious diseases. CFOC, pg. 238, Standard 5.122

Enforcement

When counting toilets in a center, a urinal may be counted as a toilet, for up to 50% of the required number of toilets. For large sinks that have two or more faucets in them, each separate faucet counts as one sink.

Level 1 Noncompliance: If a child is not able to use a working toilet or handwashing sink when they need to because one or more toilets or sinks are not working. Or, if there are not enough toilets or sinks in the facility to have one for every 15 children in the center.

Level 2 Noncompliance: If there are enough toilets and sinks in the center (1 for every 15 children) but one or more of them are not working; however, this does not appear to result in a child not being able to use the toilet or wash their hands when they need to.

(3) School age children shall have privacy when using the bathroom.

Rationale / Explanation

Children should be allowed the opportunity to practice modesty when independent toileting behavior is well established in the majority of the group. CFOC, pg. 237 Standard 5.120

Requiring a school age child to use bathroom fixtures designed for preschoolers may negatively impact the self-esteem of the school age child. CFOC, pg. 238 Standard 5.122

Enforcement

Privacy in bathrooms for school age children can be provided with a full length door or curtain.

Level 1 Noncompliance: If there is no privacy (no door, no curtain, etc.).

Level 2 Noncompliance: If there is some measure for privacy (such as a half door), which may ensure privacy for younger children, but not for school age children.

(4) For buildings constructed after 1 July 1997 there shall be a working hand washing sink in each classroom.

Rationale / Explanation

Transmission of many communicable diseases can be prevented through handwashing. To facilitate routine handwashing at the needed times, sinks must be close at hand and permit caregivers to provide continuous supervision while both children and caregivers wash their hands. CFOC, pg. 239 Standard 5.126

Enforcement

Always Level 2 Noncompliance.

(5) Each area where infants or toddlers are cared for shall meet one of the following criteria:

(a) There shall be two working sinks in the room. One sink shall be used exclusively for the preparation of food and bottles and hand washing prior to food preparation, and the other sink shall be used exclusively for hand washing after diapering and non-food activities.

(b) There shall be one working sink in the room which is used exclusively for hand washing, and all bottle and food preparation shall be done in the kitchen and brought to the infant and toddler area by a non-diapering staff member.

Rationale / Explanation

Sinks must be close to where diapering takes place to avoid the transfer of contaminants to other surfaces on the way to the diapering handwashing sink. Having the diapering sink as close as possible to the diapering station will help prevent the spread of contaminants and communicable diseases. CFOC, pg. 241 Standard 5.130

The sink used to wash hands after diapering becomes contaminated during this process, and thus should not be used for any food related purposes, in order to avoid contaminating food, dishes, or utensils. CFOC, pg. 240 Standard 5.127

Enforcement

For the purposes of this rule, two sinks means there are two different faucets, each going into a separate basin.

Always Level 1 Noncompliance.

(6) Infant and toddler areas shall not be used as access to other areas or rooms.

Rationale / Explanation

Infants need quiet, calm environments, away from the stimulation of older children. In addition to this developmental need, separation of infants from older children and non-caregiving adults is important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. CFOC, pg. 54 Standard 2.103; pg. 236 Standard 5.114

In addition to the increased risk of spreading disease, infants and toddlers could be stepped on, knocked over, or otherwise hurt by adults or children going through the room to get to another area of the center.

Enforcement

This rule does not apply to closets in an infant room that are used to store infant equipment and materials, or to other storage closets that are not accessed by others outside the infant room when children are in care..

Always Level 1 Noncompliance.

(7) All rooms and occupied areas in the building shall be ventilated by windows that open and have screens or by mechanical ventilation.

Rationale / Explanation

The health and well-being of both staff and children can be affected by the quality of air indoors. The air that people breathe inside a building is contaminated with organisms shared among occupants, and is sometimes more polluted than the outdoor air. Young children may be more affected than adults by air pollution. Children

who spend long hours breathing contaminated or polluted indoor air are more likely to develop respiratory problems, allergies, and asthma. Air circulation is essential to clear infectious disease agents, odors, and toxic substances in the air. CFOC, pgs. 197-198 Standard 5.027

Screening windows used for ventilation is important to prevent insects or rodents which may bite, sting, or carry disease from getting into the building. CFOC, pg. 193 Standard 5.015.

While not required by licensing rules, the American Academy of Pediatrics and the American Public Health Association recommend that windows in areas used by children under age 5 not open more than 3.5 inches, or else be protected with guards that prevent children from falling out of the window. CFOC, pg. 193 Standard 5.014

Signs of inadequate ventilation can include mold growing in corners, a damp or musty smell, or a room with a temperature that varies greatly from the temperature of other rooms in the building.

Enforcement

Level 1 Noncompliance: If a window that opens is not screened.

Level 2 Noncompliance: if there is not adequate ventilation.

(8) The provider shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that a draft free indoor temperature between 65 degrees and 75 degrees Fahrenheit during the winter months, and between 68 degrees and 82 degrees Fahrenheit during the summer months. These requirements are based on the standards of the American Society of Heating, Refrigeration, and Air Conditioning Engineers, which take into account both comfort and health considerations. CFOC, pg. 198 Standard 5.028

There may be some association between sleeping room temperatures and increased risk of SIDS, but this connection is not yet fully established. It is recommended that infants are lightly clothed for sleep, and that the sleeping room temperature is kept comfortable for a lightly clothed adult, not to exceed 78 degrees. In addition, infants should not be over-bundled, or should not feel hot to the touch when sleeping.

Enforcement

Licensors should measure the temperature in preschool and school-age rooms at table height. Room temperature in infant and toddler rooms should be measured at the level the children sleep at.

If a center is unable to meet the temperature requirements due to equipment failure or breakdown, but can show that they have scheduled a repair and are doing their best in the meantime to maintain a comfort level, the Licensor will follow up to see if the repair is completed by the scheduled date before citing a violation of this rule.

Level 1 Noncompliance: If the temperature is out of range in infant rooms.

Level 3 Noncompliance: If the temperature is out of range in any rooms besides infant rooms.

(9) The provider shall maintain adequate light intensity for the safety of children and the type of activity being conducted by keeping lighting equipment in good working condition.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that natural lighting be provided in rooms where child work and play for more than two hours at a time, and that all areas of the facility have glare-free natural and/or artificial lighting that provides adequate illumination and comfort for the children's safety and the activities being conducted. Inadequate artificial lighting has been linked to eyestrain, headache, and non-specific symptoms of illness. CFOC, pg. 203 Standard 5.042

It is important that there be adequate light for children to see safely and for caregivers to adequately supervise children and perform tasks such as diapering.

Enforcement

If needed, adequate lighting will be determined by using printed materials, and seeing if there is enough light for a caregiver in the area to read it.

Level 1 Noncompliance: If there is inadequate lighting in a diapering or food preparation area, or if it is completely dark in a sleeping area.

Level 2 Noncompliance: If there is inadequate lighting anywhere besides a diapering or food preparation area, or a sleeping area.

(10) Windows, glass doors, and glass mirrors within 36 inches from the floor shall be made of safety glass, or have a protective guard.

Rationale / Explanation

Glass panels can be invisible to an active child. When a child collides with a glass panel, serious injury can result from broken glass. The purpose of this rule is to keep children from accidently breaking and being cut by a glass window, door, or mirror that is low enough for them to run into it. CFOC, pg. 193 Standard 5.016

Enforcement

Always Level 1 Noncompliance.

(11) There shall be at least 35 square feet of indoor space for each child, including the licensee's and employees' children who are not counted in the caregiver to child ratios.

(12) Indoor space per child may include floor space used for furniture, fixtures, or equipment if the furniture, fixture, or equipment is used:

- **(a) by children;**
- **(b) for the care of children; or**
- **(c) to store classroom materials.**

(13) Bathrooms, closets, staff lockers, hallways, corridors, lobbies, kitchens, or staff offices are not included when calculating indoor space for children's use.

R430-100-4. INDOOR ENVIRONMENT.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend 35 square feet of space per child which is free of furniture and equipment, or 50 square feet of space if furniture and equipment are included. The rationale for this recommendation that crowding has been shown to be associated with an increased risk of upper respiratory infections, because children's behavior tends to be more constructive when they have sufficient space, and because having sufficient space reduces the risk of injury from simultaneous activities. CFOC, pg. 235 Standard 5.112

An October 2005 legislative audit of the Bureau of Licensing examined this rule specifically, and found that Utah's requirement of 35 square feet per child is reasonable and justifiable, and is in line with 42 of the 50 states.

Enforcement

This measurement is usually taken, and capacity determined, at the time of initial licensure. It is normally not re-measured on subsequent licensing visits, unless a particular room or space appears overly crowded during the visit.

Children may temporarily be in spaces with less than 35 square feet of space per child for group activities that require less space, such as nap times, meals, story times, homework, computer time, art projects, puppet shows, etc. Such activities should not exceed 2 hours per day, excluding nap times, and the length of time should be appropriate to the activity. For example, an hour long art project in a smaller space for preschoolers would not be an appropriate activity length.

Always Level 1 Noncompliance.

R430-100-5. CLEANING AND MAINTENANCE.

(1) The provider shall maintain a clean and sanitary environment.

Rationale / Explanation

A clean and sanitary environment helps to prevent the spread of communicable diseases. This includes walls, floors, furniture, fixtures, and equipment. Children will touch any surface they can reach, including floors, which means that all surfaces in a child care facility can become contaminated and spread infectious disease agents. Bacterial cultures of surfaces in child care centers have shown fecal contamination. Regular and thorough cleaning of rooms prevents the spread of diseases. Many communicable diseases can be prevented through appropriate hygiene and sanitation procedures. CFOC, pg. 104 Standard 3.028

Disease-causing agents may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or by touching a contaminated object or surface. Respiratory tract secretions that contain viruses which contaminate surfaces remain infectious for variable periods of time, and infections have been spread by touching articles and surfaces contaminated with infectious respiratory secretions. CFOC, pg. 104 Standard 3.028

Developing a cleaning schedule that delegates responsibility to specific staff members helps to ensure that the facility is properly cleaned on a regular basis. CFOC, pg. 273 Standard 5.228

It is also important to keep all areas and equipment used for the storage, preparation, and service of food clean and sanitary. Outbreaks of foodborne illness have occurred in child care settings. Many of these can be prevented through appropriate cleaning and sanitizing. CFOC, pg. 178 Standard 4.061

Examples of visible problems in this area include:

- *Surfaces with a visible buildup of dust, dirt, or grime.*
- *Toilets that are not flushed regularly.*
- *Overflowing garbage or garbage cans with a buildup of soil, dirt, or food. CFOC, pg. 214 Standard 5.068*

It is recommended, though not required by rule, that sponges not be used for cleaning and sanitizing. This is because sponges harbor bacteria and are difficult to completely clean and sanitize in between cleaning different surfaces. CFOC, pg. 178 Standard 4.061

Cracked or porous surfaces cannot be kept clean and sanitary, because they trap organic materials in which microorganisms can grow. Repairs with duct tape and other similar materials add surfaces that also trap organic materials. CFOC, pg. 171 Standard 4.045; pgs. 218-219 Standard 5.079

Torn furniture with stuffing or foam exposed must be repaired, because it cannot be kept clean and sanitary. CFOC, pg. 107 Standard 3.034

Many allergic children have allergies to dust mites, which are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Dust mites lives in carpeting and fabric, but can be killed by frequent washing and drying in a heated dryer. CFOC, pgs. 107-108 Standard 3.034

Enforcement

A certain amount of mess is normal when caring for active children. In enforcing this rule, licensors will need to distinguish between messes made today (as the consequence of an activity today), and a chronic buildup of dirt,

soil, food, etc. over time where disease-causing bacteria can grow.

This rule is cited only when there is no other more specific rule that applies to the cleanliness of the environment.

Level 1 Noncompliance: If there is rotting food or a buildup of food, a slippery spill on a floor, mold growing.

Level 2 Noncompliance: If there is a visible buildup of dirt, soil, grime, etc. that germs could grow in. Or if there is a buildup of dust, cobwebs, bugs on window sills, or carpets in need of cleaning when there is a child with asthma or another known respiratory condition enrolled in the group.

Level 3 Noncompliance: If there is a buildup of dust, cobwebs, bugs on window sills, or carpets in need of vacuuming, unless there is a child with asthma or another known respiratory condition enrolled in the group.

(2) The provider shall clean and disinfect bathroom surfaces daily, including toilets, sinks, faucets, and counters.

Rationale / Explanation

A clean and sanitary environment helps to prevent the spread of communicable diseases. This is especially important in bathrooms, where fecal material can be easily spread to any surface children touch. Bacterial cultures of surfaces in child care centers have shown fecal contamination. Regular and thorough cleaning of bathrooms can prevent the spread of diseases. CFOC, pg. 104 Standard 3.028

Enforcement

Level 1 Noncompliance: If there are visible feces on a bathroom surface children might touch, or a buildup of urine which bacteria could grow in.

Level 2 Noncompliance: If bathroom surfaces are not cleaned and disinfected daily, but there are not visible feces or a buildup of urine on a surface.

(3) The provider shall take safe and effective measures to prevent and eliminate the presence of insects, rodents, and other vermin.

Rationale / Explanation

Insects, rodents, and vermin carry disease, and may also sting or bite children. The purpose of this rule is to reduce these potential hazards to children. CFOC, pg. 193 Standard 5.015; pg. 214 Standard 5.070

Some insect and rodent feces can also trigger asthma attacks in children.

Enforcement

If there is a problem with insects, rodents, or other vermin, and the provider can show they have scheduled an exterminator and are doing extra cleaning if necessary to keep the environment as safe as possible until that time, the Licensor will follow up to see if this is done by the scheduled date before citing it.

Level 1 Noncompliance: If insects, rodents, or other vermin are visibly present in the facility, or droppings are found in a food delivery, storage, preparation, or eating area, or in areas accessible to children.

R430-100-5. CLEANING AND MAINTENANCE.

Level 3 Noncompliance: If there are minimal droppings, insects, etc, and they are not in a food area, or are in an area not normally accessed by children.

(4) The provider shall maintain ceilings, walls, floor coverings, draperies, blinds, furniture, fixtures, and equipment in good repair to prevent injury to children.

Rationale / Explanation

The physical structure where children spend each day can present safety concerns if it is not kept in good repair and maintained in a safe condition. For example, peeling paint in older buildings may be ingested, floor surfaces in disrepair could cause falls and other injuries, broken windows could cause severe cuts. CFOC, pg. 273 Standard 5.231

The purpose of this rule is to prevent harm to children due to a poorly maintained facility or broken equipment. For example, being cut on a sharp edge or point of a broken item, tripping over loose carpeting or tiles, falling from collapsing broken furniture, etc. CFOC, pg. 263 Standard 5.196; pg. 351 Standard 8.033; pg. 374 Standard 8.072

Enforcement

Level 1 Noncompliance Examples:

- *damaged flooring that creates a tripping hazard.*
- *exposed foam or stuffing on equipment in an infant or toddler room (a choking hazard).*
- *wood with splinters.*
- *cracks in equipment that could pinch a child's skin.*
- *exposed electrical wiring.*
- *broken furniture that is unstable or leaves an entrapment opening.*
- *torn draperies or broken blinds that a child could become entangled in.*

Level 2 Noncompliance Examples:

- *leaking plumbing other than a leaking faucet.*
- *holes in walls or ceilings.*
- *exposed light bulbs with no covering on the fixture.*
- *heat vents that are missing covers.*

Level 3 Noncompliance Examples:

- *a leaking faucet.*

(5) The provider shall maintain entrances, exits, steps and outside walkways in a safe condition, and free of ice, snow, and other hazards.

Rationale / Explanation

The purpose of this rule is to prevent injuries, including from falls, and to allow safe and timely exit from the building in case of emergency. CFOC, pg. 272 Standard 5.226; pg. 262 Standards 5.190, 5.192; pg. 194, Standard 5.019

R430-100-5. CLEANING AND MAINTENANCE.

Enforcement

Centers should be allowed a reasonable amount of time during and immediately after a snowstorm to remove snow from outdoor exit areas, stairs, and walkways. In this case, this rule would not be cited unless there is a buildup of snow or ice on these surfaces.

Always Level 1 Noncompliance.

R430-100-6. OUTDOOR ENVIRONMENT.

(1) There shall be an outdoor play area for children that is safely accessible to children.

Rationale / Explanation

The purpose of this rule is to prevent injury to children or a child escaping en route to the outdoor play area. A playground is considered safely accessible if it directly adjoins the building, if there is a fenced walkway from the building to the playground, or another way to ensure that the route from the building to the playground is free of potential hazards. CFOC, pg. 253 Standard 5.162

Enforcement

The purpose of this rule is to ensure that children cannot access streets, parking lots, ditches, etc. when going to the playground. There are three ways a center may accomplish this:

- *by having a playground that is directly adjacent to the building, so that children exit the building straight onto the playground.*
- *by having a fenced walkway from the building to the playground.*
- *by having the entire area that holds both the building and the playground fenced, provided the area inside the fence does not include parking lots, driveways, or anywhere else cars may be.*

Always Level 1 Noncompliance.

(2) The outdoor play area shall have at least 40 square feet of space for each child.
(3) The outdoor play area shall accommodate at least 33 percent of the licensed capacity at one time or shall be at least 1600 square feet.

Rationale / Explanation

The purpose of this rule is to allow children safe freedom of movement during active outdoor play. The American Academy of Pediatrics and the American Public Health Association recommend 75 square feet of outdoor space for each preschooler, 33 square feet for each infant, and 50 square feet for each toddler using the playground at one time. CFOC, pg.153, Standard 5.162; pg. 254 Standard 5.164

Enforcement

This measurement is usually taken, and capacity determined, at the time of initial licensure. It is normally not re-measured on subsequent licensing visits, unless the outdoor play area appears overly crowded during the visit.

Always Level 1 Noncompliance.

(4) The outdoor play area shall be enclosed within a 4 foot high fence or wall, or a solid natural barrier that is at least 4 feet high.

Rationale / Explanation

The purpose of this rule is to prevent children from leaving the outdoor play area and to prevent their access to streets and other hazards. It also serves to keep unwanted people and animals out of the playground. CFOC, pg. 255 Standard 5.169; pg. 257 Standard 1.178

R430-100-6. OUTDOOR ENVIRONMENT.

Enforcement

This rule applies to exterior fences only.

Level 1 Noncompliance: If there is no fence or barrier at all, or there is a complete fence or barrier, but it is less than 3 feet high.

Level 2 Noncompliance: If there is a complete fence at least 3 feet high, but less than 4 feet high.

(5) There shall be no gaps in fences greater than 5 inches at any point, nor shall gaps between the bottom of the fence and the ground be more than 5 inches.

Rationale / Explanation

The purpose of this rule is to prevent children from escaping through gaps in a fence, thus defeating the purposes of the fence as explained in subsection (4) above. CFOC, pg. 255 Standard 5.169; pg. 257 Standard 1.178

The 5" measurement is based on the diameter of a small toddler's head.

Enforcement

Always Level 1 Noncompliance.

(6) There shall be no openings greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter anywhere in the outdoor play area where children's feet cannot touch the ground.

Rationale / Explanation

Openings that fit these dimensions are called "entrapment hazards". An entrapment hazard is an opening that a child's body could fit through, but not their head. Children often enter openings feet first and attempt to slide through the opening. If the opening is not large enough it may allow the body to pass through the opening and entrap the head. When the ground forms the lower boundary of an opening, it is not considered to be a head entrapment hazard. This rule is based on guidelines from the Consumer Product Safety Commission (CPSC). CFOC, pgs. 216-217 Standard 5.075; pg. 261 Standard 5.186

Enforcement

This item applies to entrapment hazards outside of the use zone(s) of any piece of playground equipment, and it only applies to entrapments where a child's feet could not touch the ground.

Licensors should use the following measurements, taken from the ground up to the bottom of the entrapment hazard, to determine if the entrapment hazard is in a place where a child's feet could not touch the ground.

- *Infant and toddler playgrounds: more than 23 1/4 inches above the ground*
- *Two-year-olds (for preschool playgrounds): more than 25 1/4 inches above the ground*
- *School age only playgrounds: more than 33 inches above the ground*

This rule does not include entrapments such as decorative openings in the tops of fences, if the entrapment is above the 4' from the ground required for fences. This rule also does not include partially bounded openings in picket fences.

R430-100-6. OUTDOOR ENVIRONMENT.

Always Level 1 Noncompliance.

(7) If there is a swimming pool on the premises that is not emptied after each use:

- **(a) the provider shall ensure that the pool is enclosed within a fence or other solid barrier at least six feet high that is kept locked whenever the pool is not in use;**
- **(b) the provider shall maintain the pool in a safe manner;**
- **(c) the provider shall meet all applicable state and local laws and ordinances related to the operation of a swimming pool; and**
- **(d) If the pool is over four feet deep, there shall be a Red Cross certified life guard on duty, or a lifeguard certified by another agency that the licensee can demonstrate to the Department to be equivalent to Red Cross certification, any time children have access to the pool.**

Rationale / Explanation

The purpose of this rule is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, pg. 6 Standard 1.005, pg. 257 Standard 5.176; pgs. 264-265 Standard 5.198; pgs. 267-270 Standards 5.204, 5.205, 5.206, 5.207, 5.208, 5.209, 5.210, 5.214, 5.215, 5.216, 5.217, 5.218.

Enforcement

Always Level 1 Noncompliance.

(8) The outdoor play area shall be free of trash, animal excrement, harmful plants, objects, or substances, and standing water.

Rationale / Explanation

The purpose of this rule is to prevent injury to children and the spread of disease.

Proper maintenance of playgrounds and playground equipment is a key factor in ensuring a safe play environment for children. Each playground is unique and requires a routine maintenance check program developed specifically for that playground. CFOC, pgs. 262-263 Standard 5.194

Examples of harmful objects and substances include: broken toys or equipment, equipment with rusty or sharp edges, wood with slivers, glass, tools, lawn mowers, pesticides, fertilizers, and any other object labeled "keep out of reach of children."

Standing water is a drowning hazard. Small children can drown within 30 seconds in as little as 2 inches of water. In addition, standing water is breeding grounds for mosquitos, which can spread disease. CFOC, pgs. 112-113, Standard 3.045; pg. 266 Standard 5.202

Enforcement

For the purposes of this rule:

- *Trash means a buildup of trash, not a few pieces of paper garbage.*
- *Animal excrement does not include isolated bird droppings.*
- *Standing water includes wading pools when not in use and supervised, and buckets or other containers of water a child's head could fit in (unless small containers are being used as part of a*

supervised project, such as painting on the sidewalk with water).

- *Harmful objects include:*
  - *Animal swings.*
  - *Things that could cut or puncture a child's skin.*
  - *Unanchored swings or unanchored large metal slides.*
- *Dangerous substances include anything toxic (gasoline, pesticides, fertilizer, paint thinner, etc.), including anything with a warning label on the container that says keep out of reach of children.*

Level 1 Noncompliance: If there are items or substances accessible to children that have high infectious, poisoning, or injury risks. If dangerous items accessible to children are listed in R430-100-12(4), cite that rule, not this one. This rule should be used for dangerous items not specifically mentioned in other rules.

Level 3 Noncompliance otherwise.

(9) If wading pools are used:

(a) a caregiver must be at the pool supervising children whenever there is water in the pool;

(b) diapered children must wear swim diapers or rubber pants while in the pool; and

(c) the pool shall be emptied and disinfected after each use by a separate group of children.

Rationale / Explanation

The purpose of this rule is to minimize the risk of spreading disease through shared wading pool water, and to prevent drowning. Small children can drown within 30 seconds in as little as 2 inches of water. CFOC, pgs. 112-113, Standard 3.045; pg. 269 Standard 5.213

Centers should check with their local health department before allowing children to use a wading pool, because some local health departments prohibit the use of wading pools in child care facilities. R430-100-8(2) requires providers to comply with local laws and rules such as these.

Enforcement

Always Level 1 Noncompliance.

(10) The outdoor play area shall have a shaded area to protect children from excessive sun and heat.

Rationale / Explanation

The purpose of this rule is to prevent both sunburn and heat exhaustion.

It can take less than 10 minutes for a child's skin to burn, and it is estimated that 80% of a person's lifetime sun damage occurs before the age of 18. Individuals who suffer severe childhood sunburns are an increased risk for skin cancer. CFOC, pg. 257 Standard 5.177

Children do not adapt to extremes in temperature as effectively as adults. Children produce more metabolic heat per mass unit than adults when walking or running. They also have a lower sweating capacity and cannot dissipate heat by evaporation as quickly. CFOC, pgs. 51-52 Standard 51

Enforcement

Shade can come from trees, awnings, patio roofs or other structures, or the side of the building itself.

Level 1 Noncompliance: Except in cold weather when children are mostly covered by cold weather clothing.

Level 2 Noncompliance: In cold weather when children are mostly covered by cold weather clothing.

(11) An outdoor source of drinking water, such as a drinking fountain, individually labeled water bottles, or a pitcher of water and individual cups that are taken outside, shall be available to children whenever the outside temperature is 75 degrees or higher.

Rationale / Explanation

The purpose of this rule is to prevent dehydration and heat exhaustion. Children do not adapt to extremes in temperature as effectively as adults. Children produce more metabolic heat per mass unit than adults when walking or running. They also have a lower sweating capacity and cannot dissipate heat by evaporation as quickly. CFOC, pgs. 51-52 Standard 51

The purpose of the requirement for individually labeled water bottles or individual drinking cups is to prevent the spread of disease.

Enforcement

Always Level 1 Noncompliance.

(12) There shall be no trampolines in the outdoor play area.

Rationale / Explanation

Trampolines pose serious safety hazards. The CPSC estimates that in 1998 95,000 injuries associated with trampolines were treated in hospital emergency rooms. About 75% of the victims are under 15 years of age, and 10% are under 5 years of age. The hazards that result in injuries and deaths include:

- *Falling or jumping off the trampoline.*
- *Falling on the trampoline springs or frame.*
- *Colliding with another person on the trampoline.*
- *Landing improperly while jumping or doing stunts on the trampoline.*

Enforcement

This rule includes full size above-ground trampolines, built into the ground trampolines, and mini-trampolines.

Always Level 1 Noncompliance.

(13) All outdoor play equipment and areas shall comply with the following safety standards by the dates specified in Table 4.

(a) All stationary play equipment used by infants and toddlers shall meet the following requirements:

(i) There shall be no designated play surface that exceeds 3 feet in height.

(ii) If the height of a designated play surface or climbing bar on a piece of equipment, excluding swings, is greater than 18 inches, it shall have use zones that meet the following criteria:

(A) The use zone shall extend a minimum of 3 feet in all directions from the perimeter of each piece of equipment.

(B) Use zones may overlap if two pieces of equipment are positioned adjacent to one another, with a minimum of 3 feet between the perimeters of the two pieces of equipment.

(C) The use zone in front of a slide may not overlap the use zone of any other piece of equipment.

(iii) The use zone in the front and rear of all swings shall extend a minimum distance of twice the height from the swing seat to the pivot point of the swing, and shall not overlap the use zone of any other piece of equipment.

(iv) The use zone for the sides of a single-axis swing shall extend a minimum of 3 feet from the perimeter of the structure, and may overlap the use zone of a separate adjacent piece of equipment.

(v) The use zone of a multi-axis swing shall extend a minimum distance of 3 feet plus the length of the suspending members, and shall never overlap the use zone of another piece of equipment.

(vi) The use zone for merry-go-rounds shall never overlap the use zone of another piece of equipment.

(vii) The use zone for spring rockers shall extend a minimum of 3 feet from the at-rest perimeter of the equipment.

Rationale / Explanation

These rules are based on guidelines from the Consumer Product Safety Commission, which are designed to prevent serious head injuries or other life threatening injuries to children. A use zone is the area beneath and surrounding a play structure or piece of equipment that is designated for unrestricted movement around the equipment, and onto which a child falling from or exiting the equipment could be expected to land. CFOC, pg. 255 Standard 5.170; pg. 256 Standard 5.172

Enforcement

If swing sets do not have a horizontal bar on the outside of the supporting pole or beam, the side use zone will be measured from the swing seat, not from the supporting side pole or beam.

Side supporting poles or beams from two swing sets may be placed right next to each other. They do not have to share a supporting pole or beam.

Always Level 1 Noncompliance.

(a) All stationary play equipment used by infants and toddlers shall meet the following requirements:

(viii) Swings shall have enclosed seats.

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent

injury to infants and toddlers from falling out of a swing.

Enforcement

Always Level 1 Noncompliance.

(b) All stationary play equipment used by preschoolers or school age children shall meet the following requirements for use zones:

(i) If the height of a designated play surface or climbing bar on a piece of equipment, excluding swings, is greater than 20 inches, it shall have use zones that meet the following criteria:

(A) The use zone shall extend a minimum of 6 feet in all directions from the perimeter of each piece of equipment.

(B) The use zones of two pieces of equipment that are positioned adjacent to one another may overlap if the designated play surfaces of each structure are no more than 30 inches above the protective surfacing underneath the equipment. In such cases, there shall be a minimum of 6 feet between the adjacent pieces of equipment.

(C) There shall be a minimum use zone of 9 feet between adjacent pieces of equipment if the designated play surface of one or both pieces of equipment is more than 30 inches above the protective surfacing underneath the equipment.

(ii) The use zone in the front and rear of a single-axis swing shall extend a minimum distance of twice the height of the pivot point of the swing, and may not overlap the use zone of any other piece of equipment.

(iii) The use zone for the sides of a single-axis swing shall extend a minimum of 6 feet from the perimeter of the structure, and may overlap the use zone of a separate piece of equipment.

(iv) The use zone of a multi-axis swing shall extend a minimum distance of 6 feet plus the length of the suspending members, and shall never overlap the use zone of another piece of equipment.

(v) The use zone for merry-go-rounds shall never overlap the use zone of another piece of equipment.

(vi) The use zone for spring rockers shall extend a minimum of 6 feet from the at-rest perimeter of the equipment.

Rationale / Explanation

These rules are based on guidelines from the Consumer Product Safety Commission, which are designed to prevent serious head injuries or other life threatening injuries to children. A use zone is the area beneath and surrounding a play structure or piece of equipment that is designated for unrestricted movement around the equipment, and onto which a child falling from or exiting the equipment could be expected to land. CFOC, pg. 255 Standard 5.170; pg. 256 Standard 5.172

Enforcement

If swing sets do not have a horizontal bar on the outside of the supporting pole or beam, the side use zone will be measured from the swing seat, not from the supporting side pole or beam.

Side supporting poles or beams from two swing sets may be placed right next to each other. They do not have to

share a supporting pole or beam.

Always Level 1 Noncompliance.

(c) Two-year-olds may play on infant and toddler play equipment.

Rationale / Explanation

The use zones around equipment for infants and toddlers are smaller than those around equipment for preschoolers and school age children. This is because infants and toddlers do not jump or fall as far a distance from equipment as older children do. This rule allows two-year-olds to play on infant and toddler equipment with these smaller use zones.

(d) Protective cushioning is required in all use zones.

Rationale / Explanation

Protective cushioning is material that is placed in the use zones under and around stationary play equipment in order to cushion a child's fall from the equipment. Acceptable cushioning materials include the following: sand, gravel, shredded tires, shredded wood products, and unitary cushioning material. Cushioning materials must meet ASTM Specification F 1292.

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. Hard surfaces such as concrete, blacktop, packed earth, or grass are not acceptable under most play equipment. A fall onto one of these hard surfaces could be life threatening. CFOC, pgs. 216-217 Standard 5.075; pgs. 259-260 Standard 5.183

Enforcement

Always Level 1 Noncompliance.

(e) If sand, gravel, or shredded tires are used as protective cushioning, the depth of the material shall meet the CPSC guidelines in Table 1. The provider shall ensure that the material is periodically checked for compaction, and if compacted, shall loosen the material to the depth listed in Table 1. If the material cannot be loosened due to extreme weather conditions, the provider shall not allow children to play on the equipment until the material can be loosened to the required depth.

(f) If shredded wood products are used as protective cushioning, the depth of the shredded wood shall meet the CPSC guidelines in Table 2.

Rationale / Explanation

Compaction of protective cushioning occurs when sand or gravel becomes packed and hard, so that it does not provide adequate cushioning. This is different than compaction of shredded wood products. Compaction of shredded wood products is desirable, as it actually improves the cushioning ability of the material.

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on

playgrounds are from children falling. CFOC, pgs. 216-217 Standard 5.075; pg. 264 Standard 5.197; pgs. 259-260 Standard 5.183

Enforcement

Gardening bark mulch does not have the cushioning properties required by ASTM Specification F 1292, and cannot be used as playground cushioning material.

The following criteria will be used to determine whether sand is fine or coarse, and whether gravel is fine or medium:

- *Fine Sand – Particles of white sand purchased in bags marked "play sand. 100% of the material must pass through a #16 screen.*
- *Coarse Sand – Usually obtained from a supplier to the landscaping and construction trades. 98% of the material must pass through a #4 screen.*
- *Fine Gravel – Gravel particles are rounded and 3/8 inch or less in diameter.*
- *Medium Gravel --Gravel particles are rounded and ½ inch or less in diameter.*

The depth of the protective cushioning will be measured as follows:

The licensor will take 7 measurements of the cushioning: one in each of the outermost four corners of the use zone, and three in high traffic areas around the equipment. Licensors should check the depth by digging a hole into the cushioning to the bottom, placing a tape measure at the bottom, and refilling the hole they dug. Licensors will average the seven measurements to determine if more cushioning is needed, or if cushioning just needs redistribution. For example, if there is more than enough cushioning in corner (low traffic) areas, but not enough in high traffic areas, the provider may not need to add more cushioning. They may just need to redistribute the cushioning they have in order to meet the required depth.

Always Level 1 Noncompliance.

TABLE 1
Depths of Protective Cushioning Required for Sand, Gravel, and Shredded Tires

Highest Designated Play Surface or Climbing Bar	Fine Sand	Coarse Sand	Fine Gravel	Medium Gravel	Shredded Tires
4' high or less	6"	6"	6"	6"	6"
Over 4' up to 5'	6"	6"	6"	6"	6"
Over 5' up to 6'	12"	12"	6"	12"	6"
Over 6' up to 7'	12"	Not Allowed	9"	Not Allowed	6"
Over 7' up to 8'	12"	Not Allowed	12"	Not Allowed	6"
Over 8' up to 9'	12"	Not Allowed	12"	Not Allowed	6"
Over 9' up to 10'	Not Allowed	Not Allowed	12"	Not Allowed	6"
Over 10' up to 11'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"
Over 11' up to 12'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"

TABLE 2 Depths of Protective Cushioning Required for Shredded Wood Products			
Highest Designated Play Surface or Climbing Bar	**Engineered Wood Fibers**	**Wood Chips**	**Double Shredded Bark Mulch**
4' high or less	6"	6"	6"
Over 4' up to 5'	6"	6"	6"
Over 5' up to 6'	6"	6"	6"
Over 6' up to 7'	9"	6"	9"
Over 7' up to 8'	12"	9"	9"
Over 8' up to 9'	12"	9"	9"
Over 9' up to 10'	12"	9"	9"
Over 10' up to 11'	12"	12"	12"
Over 11'	12"	Not Allowed	Not Allowed

R430-100-6. OUTDOOR ENVIRONMENT.

(g) If wood products are used as cushioning material:
(i) the providers shall maintain documentation from the manufacturer verifying that the material meets ASTM Specification F 1292, which is adopted by reference; and

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. CFOC, pgs. 216-217 Standard 5.075; pgs. 259-260 Standard 5.183

Enforcement

Always Level 1 Noncompliance.

(g) If wood products are used as cushioning material:
(ii) there shall be adequate drainage under the material.

Rationale / Explanation

Inadequate drainage under wood cushioning material can result in trapped water freezing, which makes the material unable to absorb the impact from falls. It can also lead to the growth of bacteria, mold, and the breeding of mosquitos. CFOC, pg. 190 Standard 5.005

Enforcement

Always Level 1 Noncompliance.

(h) If a unitary cushioning material, such as rubber mats or poured rubber-like material is used as protective cushioning:

(i) the licensee shall ensure that the material meets the standard established in ASTM Specification F 1292. The provider shall maintain documentation from the manufacturer that the material meets these specifications.

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. CFOC, pgs. 216-217 Standard 5.075; pgs. 259-260 Standard 5.183; pg. 264 Standard 5.197

Enforcement

Always Level 1 Noncompliance.

(h) If a unitary cushioning material, such as rubber mats or poured rubber-like material is used as protective cushioning:

(ii) the licensee shall ensure that the cushioning material is securely installed, so that it cannot become displaced when children jump, run, walk, land, or move on it, or be moved by children picking it up.

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. CFOC, pgs. 216-217 Standard 5.075; pgs. 259-260 Standard 5.183; pg. 264 Standard 5.197

Enforcement

This item is considered out of compliance if the unitary cushioning material is set on top of the ground and not secured in place, such that it could become displaced when children jump, run, walk, land, or move on it, or if children could easily pick it up and move it.

Always Level 1 Noncompliance.

(i) Stationary play equipment that has a designated play surface less than the height specified in Table 3, and that does not have moving parts children sit or stand on, may be placed on grass, but shall not be placed on concrete, asphalt, dirt, or any other hard surface.

Rationale / Explanation

The purpose of this rule is to prevent injuries from falls onto a hard surface. Over 70% of all accidents on playgrounds are from children falling. CFOC, pgs. 216-217 Standard 5.075

Enforcement

Always Level 1 Noncompliance.

TABLE 3 Heights of Designated Play Surfaces That May Be Placed on Grass		
Infants & Toddlers	**Preschoolers**	**School Age**
Less than 18"	Less than 20"	Less than 30"

R430-100-6. OUTDOOR ENVIRONMENT.

(j) On stationary play equipment used by infants and toddlers, protective barriers shall be provided on all play equipment platforms that are over 18 inches above the ground. The bottom of the protective barrier shall be less than 3-1/2 inches above the surface of the platform, and there shall be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier shall be at least 24 inches above the surface of the platform.

(k) On stationary play equipment used by preschoolers, protective barriers shall be provided on all play equipment platforms that are over 30 inches above the ground. The bottom of the protective barrier shall be less than 3-1/2 inches above the surface of the platform, and there shall be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier shall be at least 29 inches above the surface of the platform.

(l) On stationary play equipment used by school age children, protective barriers shall be provided on all play equipment platforms that are over 48 inches above the ground. The bottom of the protective barrier shall be less than 3-1/2 inches above the surface of the platform, and there shall be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier shall be at least 38 inches above the surface of the platform.

Rationale / Explanation

A "protective barrier" is an enclosing structure such as bars, lattice, or a solid panel, around an elevated platform on a piece of play equipment. It is intended to prevent a child from either accidently or deliberately falling or jumping from the platform.

These rules are based on guidelines from the Consumer Product Safety Commission, which are designed to prevent serious head injuries or other life threatening injuries to children. Over 70% of all accidents on playgrounds are from children falling. CFOC, pgs. 216-217 Standard 5.075

Enforcement

*In assessing this item, licensors need to determine if the cushioning under the piece of equipment is low, so that adding the required amount of cushioning would mean a platform does not need a protective barrier, or if the platform would require a protective barrier even if the full required depth of cushioning were in place. If a barrier would **not** be required if there were enough protective cushioning, licensors should cite R430-100-6(13)(e) or (f), not this rule.*

A provider has the option of adding more than the required amount of protective cushioning in order to lessen the height of a platform so that it does not need a protective barrier.

Always Level 1 Noncompliance.

(m) There shall be no openings greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter on any piece of stationary play equipment, or within or adjacent to the use zone of

any piece of stationary play equipment.

Rationale / Explanation

Openings that fit these dimensions are called "entrapment hazards". An entrapment hazard is an opening that a child's body could fit through, but not their head. Children often enter openings feet first and attempt to slide through the opening. If the opening is not large enough it may allow the body to pass through the opening and entrap the head. When the ground forms the lower boundary of an opening, it is not considered to be a head entrapment hazard. This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children. CFOC, pgs. 216-217 Standard 5.075; pg. 261 Standard 5.186

Enforcement

This rule does not include openings where one of the edges of the opening is on the ground. It only includes entrapment hazards where a child's feet cannot touch the ground.

Directly adjacent to the use zone of a piece of stationary play equipment means within 6 inches of the perimeter of the use zone.

Always Level 1 Noncompliance.

(n) There shall be no protrusion or strangulation hazards in or adjacent to the use zone of any piece of stationary play equipment.

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children.

A strangulation hazard is something on which a child's clothes or something around a child's neck could become caught on a component of playground equipment. A protrusion hazard is a component or piece of hardware that could impale or cut a child if the child falls against it. For example, a screw sticking out of a piece of playground equipment. Some protrusions are also capable of catching strings or items of clothing which might be worn around a child's neck. This type of protrusion is especially hazardous because it could result in strangulation.

Other examples of protrusion and strangulation hazards include bolt ends that extend more than two threads beyond the face of the nut, hardware configurations that form a hook or leave a gap or space between components, and open "S" type hooks. Special attention should be paid to the area at the top of slides and sliding devices. Ropes should be anchored securely at both ends, and should not be capable of forming a loop or a noose. If they do not meet these criteria, they pose a strangulation hazard. CFOC, pgs. 216-217 Standard 5.075; pg. 260 Standard 5.185

Enforcement

Specific strangulation hazards licensors should check for include:

- *A bolt, screw, or other "protrusion" that passes the protrusion gauge test, but which increases in size or diameter as it moves away from the surface. (For example, a bolt with a washer on the outside of a nut, where the washer is greater in diameter than the nut. Or, a bolt with a large bolt head, where*

the bold head is not flush with the surface.)

- *On slides: a gap on the top or sides of sides of a slide that the 1/8", 2" diameter protrusion gauge could pass all the way through.*
- *On "S" hooks: a gap in an "S" hook that a dime could fit into.*
- *Hanging ropes, cords, or chains longer than 12" that can make a loop 5" in diameter,* ***except*** *ropes, cords, or chains with swings attached to the bottom of them.*

Directly adjacent to the use zone of a piece of stationary play equipment means within 6 inches of the perimeter of the use zone.

Always Level 1 Noncompliance.

(o) There shall be no crush, shearing, or sharp edge hazards in or adjacent to the use zone of any piece of stationary play equipment.

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children.

A crush hazard is created when two parts of a piece of play equipment come together in such a way that they could crush a child's fingers, toes, or other body parts. A shearing hazard is created when two parts of a piece of play equipment move against each other in such a way that they could sever a child's fingers or other body parts. A sharp edge hazard is created when there is a sharp point or edge on a piece of play equipment that could cut or puncture a child's skin. CFOC, pgs. 216-217 Standard 5.075; pg. 260 Standard 5.184, 5.185

Enforcement

Directly adjacent to the use zone of a piece of stationary play equipment means within 6 inches of the perimeter of the use zone.

Always Level 1 Noncompliance.

(p) There shall be no tripping hazards, such as concrete footings, tree stumps, tree roots, or rocks within the use zone of any piece of stationary play equipment.

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children. CFOC, pgs. 216-217 Standard 5.075

Enforcement

Trip hazards in use zones may be created by: concrete footings, tree stumps, tree roots, or rocks.

Always Level 1 Noncompliance.

TABLE 4 Phase-in Schedule for Stationary Play Equipment Rules	
By December 2007	
R430-100-6(13)(a)(viii)	Infant and toddler swings shall have enclosed seats.
R430-100-6(13)(d-h)	There is protective cushioning in all existing use zones that meets the requirements for depth and ASTM Standards.
By December 2008	
R430-100-6(13)(i)	Stationary play equipment that has a designated play surface less than the height specified in Table 3, and that does not have moving parts children sit or stand on, is not placed on concrete, asphalt, dirt, or any other hard surface, unless equipment is installed in concrete or asphalt footings.
R430-100-6(13)(n)	There are no protrusion or strangulation hazards in or adjacent to the use zone of any piece of stationary play equipment.
By December 2009	
R430-100-6(13)(a)(i)	There is no designated play surface on infant and toddler equipment that exceeds 3 feet in height.
R430-100-6(13)(i)	Stationary play equipment that has a designated play surface less than the height specified in Table 3, and that does not have moving parts children sit or stand on, is not placed on concrete, asphalt, dirt, or any other hard surface.
By December 2010	
R430-100-6(13)(j-l)	Protective barriers are installed on all stationary play equipment that requires them, and the barriers meet the required specifications.
R430-100-6(13)(m)	There are no openings greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter on any piece of stationary play equipment, or within or adjacent to the use zone of any piece of stationary play equipment.
R430-100-6(13)(o)	There are no crush, shearing, or sharp edge hazards in or adjacent to the use zone of any piece of stationary play equipment.
By December 2011	
R430-100-6(13)(a)(ii-vii)	All stationary play equipment has use zones that meet the required measurements.
R430-100-6(13)(c)	Two-year-olds may play on infant and toddler play equipment. (*Note: Two-year-olds may play on infant and toddler equipment before December of 2011 if the equipment meets all of the requirements of R430-100-6(13) before December 2011.*)
R430-100-6(13)(p)	There are no tripping hazards, such as concrete footings, tree stumps, tree roots, or rocks within the use zone of any piece of stationary play equipment.

R430-100-6. OUTDOOR ENVIRONMENT.

(14) The provider shall maintain playgrounds and playground equipment to protect children's safety.

R430-100-6. OUTDOOR ENVIRONMENT.

Rationale / Explanation

Proper maintenance of playgrounds and playground equipment is a key factor in ensuring a safe play environment for children. Each playground is unique and requires a routine maintenance check program developed specifically for that playground. CFOC, pgs. 216-217 Standard 5.075; pgs. 262-263 Standard 5.194, 5.196

Adequate maintenance includes the following:

- *Ensuring that there are no missing, bent, broken, or worn out components that could cause equipment to fail.*
- *Ensuring that all hardware is secure, and there are no missing nuts or bolts.*
- *Ensuring that equipment does not have excessive wear that could cause the equipment, or a component of it, to fail.*
- *Ensuring that metal is not rusted or corroded to the point that it could cause the structure to fail.*
- *Ensuring that wood is not rough or splintery.*
- *Ensuring that all equipment and equipment parts are stable.*
- *Ensuring that protective cushioning material (sand, gravel, or shredded tires) is periodically loosened as needed.*

Enforcement

Compaction of protective cushioning occurs when sand or gravel becomes packed and hard, so that it does not provide adequate cushioning. This is different than compaction of shredded wood products. Compaction of shredded wood products is desirable, as it actually improves the cushioning ability of the material.

Level 1 Noncompliance: If the lack of maintenance could cause equipment failure, or if there is an inadequate level of protective cushioning.

Level 2 Noncompliance otherwise.

R430-100-7. PERSONNEL.

(1) The center must have a director who is at least 21 years of age and who has one of the following educational credentials:

- **(a) an associates, bachelors, or graduate degree from an accredited college and successful completion of at least 12 semester credit hours of early childhood development courses;**
- **(b) valid proof of a level 8, 9, or 10 Utah Early Childhood Career Ladder certification issued by the Utah Office of Child Care or the Utah Child Care Professional Development Institute;**
- **(c) a currently valid national certification such as a Certified Childcare Professional (CCP) issued by the National Child Care Association, a Child Development Associate (CDA) issued by the Council for Early Childhood Professional Recognition, or other credential that the licensee demonstrates as equivalent to the Department; or**
- **(d) a currently valid National Administrator Credential (NAC) issued by the National Child Care Association, plus one of the following:**
  - **(i) valid proof of successful completion of 12 semester credit hours of early childhood development courses from an accredited college; or**
  - **(ii) valid proof of completion of the following six Utah Early Childhood Career Ladder courses offered through Child Care Resource and Referral: Child Development Ages and Stages, Learning in the Early Years, A Great Place for Kids, Strong and Smart, Learning to Get Along, and Advanced Child Development.**
- **(e) Center directors who used only the National Administrator Credential (NAC) to meet the director qualifications prior to 1 July [30 December] 2006 have until 30 June [30 December] 2011 to obtain the required additional training in early childhood development.**

Rationale / Explanation

The director of a center plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children. CFOC, pgs. 11-12 Standard 1.014

College level coursework has been shown to have a measurable, positive effect on quality child care, whereas experience by itself has not. CFOC, pgs. 11-12 Standard 1.014

Enforcement

In order to qualify for the five-year grace period to obtain the required child development training for center directors who used the NAC only to meet director qualifications prior to 30 December 2006, the individual must have been approved and worked as a qualified center director with the NAC only prior to 30 December 2006.

Successful completion of a college course means a passing grade of C or better.

Always Level 2 Noncompliance.

(2) All caregivers shall be at least 18 years of age.

Rationale / Explanation

Eighteen years is the age of legal consent. The purpose of this rule is to ensure that caregivers have the maturity necessary to meet the responsibilities of independently caring for a group of children. CFOC, pgs. 13-14

R430-100-7. PERSONNEL.

Standards 1.017, 1.018

The American Academy of Pediatrics and the American Public Health Association recommend that lead caregivers be at least 21 years of age. CFOC, pgs. 13-14 Standard 1.017

Enforcement

Always Level 2 Noncompliance.

(3) All assistant caregivers shall be at least 16 years of age, and shall work under the immediate supervision of a caregiver who is at least 18 years of age.

(4) Assistant caregivers may be included in caregiver to child ratios, but shall not be left unsupervised with children.

(5) Assistant caregivers shall meet all of the caregiver requirements under this rule, except the caregiver age requirement of 18 years.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that assistant caregivers be at least 18 years of age, and that volunteers and students be at least 16 years of age, but never be left alone with children or counted in the ratios. CFOC, pgs. 14-15 Standard 1.018

Eighteen is the age of legal consent. Research in brain development and functioning in teenagers indicates that teenagers' responses to situations are more emotional and impulsive, and show less reasoned judgement, than adult responses. For more information on this research, see:

http://www.nimh.nih.gov/Publicat/teenbrain.cfm
http://www.pbs.org/wgbh/pages/frontline/shows/teenbrain/

Enforcement

Always Level 1 Noncompliance.

(6) Whenever there are more than 8 children at the center, there shall be at least two caregivers present who can demonstrate the English literacy skills needed to care for children and respond to emergencies. If there is only one caregiver present because there are 8 or fewer children at the center, that caregiver must be able to demonstrate the English literacy skills needed to care for children and respond to emergencies.

Rationale / Explanation

Caregivers need English literacy skills in order to perform essential functions to protect children's health and safety, such as reading warning labels on chemicals, instructions on medications and medication authorization forms, emergency information on child enrollment forms, information on a child's health assessment, instructions on a fire extinguisher, etc.

English skills are also important in dealing with poison control and emergency response (911).

R430-100-7. PERSONNEL.

Enforcement

If there is a question about whether or not caregivers with the required English literacy skills are present, the licensor may give caregivers material printed in English and ask them to read it.

Level 1 Noncompliance: If there is no caregiver present who has the required literacy skills.

Level 2 Noncompliance: If there is one caregiver present who has the required literacy skills (unless only one is required when 8 or fewer children are present).

(7) Each new caregiver, assistant caregiver, and volunteer shall receive orientation training prior to assuming caregiving duties. Orientation training shall be documented in the caregiver's file and shall include the following topics:

- **(a) job description and duties;**
- **(b) the center's written policies and procedures;**
- **(c) the center's emergency and disaster plan;**
- **(d) child care licensing rules for:**
  - **(i) Supervision and Ratios. R430-100-11;**
  - **(ii) Injury Prevention. R430-100-12;**
  - **(iii) Parent Notification and Child Security. R430-100-13;**
  - **(iv) Child Health. 430-100-14;**
  - **(v) Child Nutrition. R430-100-15;**
  - **(vi) Infection Control. R430-100-16;**
  - **(vii) Medications. R430-100-17;**
  - **(viii) Napping. R430-100-18;**
  - **(ix) Child Discipline. R430-100-19;**
  - **(x) Activities. R430-100-20;**
  - **(xi) Transportation, R430-100-21, if the center provides transportation;**
  - **(xii) Animals, R430-100-22, if the center permits animals;**
  - **(xiii) Diapering, R430-100-23, if the center diapers children; and**
  - **(xiv) Infant and Toddler Care, R430-100-24, if the center cares for infants or toddlers.**
- **(e) introduction and orientation to the children assigned to the caregiver;**
- **(f) a review of the information in the health assessment for each child in their assigned group;**
- **(g) procedure for releasing children to authorized individuals only;**
- **(h) proper clean up of body fluids;**
- **(i) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;**
- **(j) obtaining assistance in emergencies, as specified in the center's emergency and disaster plan.**
- **(k) If the center provides infant care, new caregiver orientation training topics shall also include:**
  - **(i) preventing shaken baby syndrome and coping with crying babies; and**
  - **(ii) preventing sudden infant death syndrome.**

Rationale / Explanation

The purpose of this rule is to ensure that all new staff members receive basic training for the work they will be doing, and understand their duties and responsibilities. Because of frequent staff turnover in the child care field, it is essential that the health and safety of children in care are protected by not leaving new caregivers alone with children until they have completed basic orientation training. CFOC, pgs. 17-19 Standard 1.023

R430-100-7. PERSONNEL.

Enforcement

Level 1 Noncompliance: If a new caregiver does not have orientation training in:

- *the center's emergency and disaster plan (c).*
- *the child care licensing rules for:*
  - *supervision and ratios (d)(i).*
  - *injury prevention (d)(ii).*
  - *parent notification and child security (d)(iii).*
  - *child health (d)(iv).*
  - *infection control (d)(vi).*
  - *medications (d)(vii).*
  - *napping (d)(viii).*
  - *child discipline (d)(ix).*
  - *transportation (d)(xi).*
  - *diapering (d)(xiii).*
  - *infant and toddler care (d)(xiv).*
- *introduction and orientation to the children assigned to the caregiver (e).*
- *a review of the information in the health assessment for each child in their assigned group (f).*
- *procedures for releasing children to authorized individuals only (g).*
- *proper clean up of body fluids (h).*
- *signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation (i).*
- *obtaining assistance in emergencies, as specified in the center's emergency and disaster plan (j).*
- *SIDS, coping with crying babies, and Shaken Baby Syndrome, if the center cares for infants (k).*

Level 2 Noncompliance: If a new caregiver does not have orientation training in any of the remaining topics:

- *job description and duties (a)*
- *the center's written policies and procedures (b)*
- *the child care licensing rules for:*
  - *child nutrition (d)(v).*
  - *activities (d)(x).*
  - *animals (d)(xii).*

(8) The center director and all caregivers shall complete a minimum of 20 hours of training each year, based on the center's license date.

(a) Documentation of annual training shall be kept in each caregiver's file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.

(b) Caregivers who begin employment partway through the license year shall complete a proportionate number of training hours based on the number of months worked prior to the center's relicense date.

(c) Annual training hours shall include the following topics:

(i) a review of all of the current child care licensing rules for:

(A) Supervision and Ratios. R430-100-11;

(B) Injury Prevention. R430-100-12;

(C) Parent Notification and Child Security. R430-100-13;

(D) Child Health. 430-100-14;

(E) Child Nutrition. R430-100-15;

(F) Infection Control. R430-100-16;

(G) Medications. R430-100-17;
(H) Napping. R430-100-18;
(I) Child Discipline. R430-100-19;
(J) Activities. R430-100-20;
(K) Transportation, R430-100-21, if the center provides transportation;
(L) Animals, R430-100-22, if the center permits animals;
(M) Diapering, R430-100-23, if the center diapers children; and
(N) Infant and Toddler Care, R430-100-24, if the center cares for infants or toddlers.

(ii) a review of the center's written policies and procedures and emergency and disaster plans, including any updates;
(iii) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
(iv) principles of child growth and development, including development of the brain; and
(v) positive guidance.

(d) If the center provides infant care, annual training topics for the center director and all infant and toddler caregivers shall also include:
(i) preventing shaken baby syndrome and coping with crying babies; and
(ii) preventing sudden infant death syndrome.

(9) A minimum of 10 hours of the required annual in-service training shall be face-to-face instruction.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that all directors and caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. CFOC, pgs. 24-25 Standard 1.029; pgs. 9-10 Standards 1.010, 1.011, 1.012; pgs. 27-28 Standard 1.032; pg. 41 Standard 1.053; pgs. 75-76 Standards 2.061, 2.064; pg. 117 Standard 3.056

Accurate and complete training records are needed to track staff training and monitor compliance with this rule. CFOC, pg. 29 Standard 1.034

Enforcement

Training conducted at in-house staff meetings may be counted toward the total required training hours. However, only that portion of the staff meeting during which training was given (as opposed to business matters, such as assigning tasks or work schedules, etc.) can be counted as required training hours.

In-house training conducted at staff meetings can be documented in a log that includes all of the required information. Training from outside sources, such as CCR&R or outside workshops or conferences, must have a certificate or other documentation from the agency delivering the training.

For caregivers who begin working partway through the licensing year, they must have completed an average of 1 hour and 40 minutes of training for each full month of employment. Time spent in orientation training during a new employee's first year of employment can count toward their hours of required annual training for the first year.

R430-100-7. PERSONNEL.

Level 2 Noncompliance: If a caregiver has not completed the required hours of training, including all required topics and 10 hours of face-to-face instruction.

Level 3 Noncompliance: If caregivers have documentation of receiving the required hours of training, including all topics, but the training documentation does not include all of the information required in the rule.

R430-100-8. ADMINISTRATION.

(1) The licensee is responsible for all aspects of the operation and management of the center.

Rationale / Explanation

The license holder may delegate responsibilities under this rule to staff in the child care center. However, ultimate responsibility for compliance with all licensing rules rests with the licensee. The licensee must ensure that he or she as adequate oversight of staff to whom duties have been delegated, in order to ensure that the delegated duties are completed as assigned.

Enforcement

Level 1 Noncompliance: When the rule compliance the licensee fails to demonstrate adequate oversight of is a rule that has been identified as Level 1 Noncompliance. Check with the Bureau Director before citing this rule.

Level 2 Noncompliance: When the rule compliance the licensee fails to demonstrate adequate oversight of is a rule that has been identified as Level 2 Noncompliance. Check with the Bureau Director before citing this rule.

Level 3 Noncompliance: When the rule compliance the licensee fails to demonstrate adequate oversight of is a rule that has been identified as Level 3 Noncompliance. Check with the Bureau Director before citing this rule.

(2) The licensee shall comply with all federal, state, and local laws and rules pertaining to the operation of a child care center.

Rationale / Explanation

This rule is intended to address problems which are not already addressed in other child care licensing rules, but which involve the violation of a federal, state, or local law or administrative rule of another agency that applies to the operation of a child care center.

Enforcement

This rule is cited only when there is not another licensing rule that addresses a problem. The noncompliance level depends on the law or rule violated. The Bureau will compare the seriousness of the law or rule violated with the noncompliance levels of the most similar child care licensing rules. Check with the Bureau Director before citing this rule.

(3) The provider shall not engage in or allow conduct that is adverse to the public health, morals, welfare, and safety of the children in care.

Rationale / Explanation

This rule is intended to address problems which are not already specifically mentioned in other child care licensing rules, but which jeopardize children's well-being.

Enforcement

This rule is cited only when there is not another licensing rule that addresses a problem. The noncompliance level depends on the problem. The Bureau will compare the seriousness of the problem with the noncompliance levels of the most similar child care licensing rules. Check with the Bureau Director before citing this rule.

(4) The provider shall take all reasonable measures to protect the safety of children in care. The licensee shall not engage in activity or allow conduct that unreasonably endangers children in care.

Rationale / Explanation

This rule is intended to address problems which may arise that are not specifically mentioned in other child care licensing rules, but which jeopardize children's safety.

Enforcement

This rule is cited only when there is not another licensing rule that addresses a problem. The noncompliance level depends on the problem. The Bureau will compare the seriousness of the problem with the noncompliance levels of the most similar child care licensing rules. Check with the Bureau Director before citing this rule.

(5) Either the center director or a designee with written authority to act on behalf of the center director shall be present at the facility whenever the center is open for care.

Rationale / Explanation

The purpose of this rule is to ensure that there is always a qualified individual on-site who assumes responsibility for the management of the center and the protection of children's health and safety. Lines of responsibility need to be clearly delineated, including the presence at all times of an individual who is designated to have ultimate responsibility for the functioning of the center. CFOC, pgs. 333-334 Standards 8.001, 8.002

Enforcement

Level 1 Noncompliance: If the facility fails to comply with one or more rules (due to an absent director or designee) that have been identified as Level 1 Noncompliance rules.

Level 2 Noncompliance: If the facility fails to comply with one or more rules (due to an absent director or designee) that have been identified as Level 2 Noncompliance rules.

Level 3 Noncompliance: If the facility fails to comply with one or more rules (due to an absent director or designee) that have been identified as Level 3 Noncompliance rules, or if no director or designee is present, but no rule violations are observed.

(6) Director designees shall be at least 21 years of age, and shall have completed their orientation training.

Rationale / Explanation

The director of a center plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children. CFOC, pgs. 11-12 Standard 1.014

Completion of orientation training prior to assuming director designee duties helps to ensure the smooth functioning of the center, and is essential in order to protect the health and safety of the children in care. CFOC,

pgs. 17-19 Standard 1.023

Enforcement

Level 1 Noncompliance: If the director designee has not completed his or her orientation training, or is less than 18 years old.

Level 2 Noncompliance: If the director designee is at least 18 years old, but not yet 21 years old.

(7) The center director shall be on-site at the center for at least 20 hours per week during operating hours in order to fulfill the duties specified in this rule, and to ensure compliance with this rule.

Rationale / Explanation

The director of a center plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children. CFOC, pgs. 11-12 Standard 1.014

Enforcement

Level 1 Noncompliance: If the director is not on-site at least 20 hours per week, and the facility fails to comply with one or more rules that have been identified as Level 1 Noncompliance rules.

Level 2 Noncompliance: If the director is not on-site at least 20 hours per week, and the facility fails to comply with one or more rules that have been identified as Level 2 Noncompliance rules.

Level 3 Noncompliance: If the director is not on-site at least 20 hours per week, and the facility fails to comply with one or more rules that have been identified as Level 3 Noncompliance rules. Or, if the director is not present at least 20 hours per week, but no rule violations are observed.

(8) The center director must have sufficient freedom from other responsibilities to manage the center and respond to emergencies.

Rationale / Explanation

The purpose of this rule is to ensure that the center director is available and has sufficient freedom to perform the many duties that are required in order to supervise caregivers, ensure adequate communication with parents, monitor and correct health and safety hazards, and otherwise maintain compliance with the licensing rules. CFOC, pg. 12 Standard 1.015

Enforcement

Center directors may perform a variety of duties in the course of a day, such as substituting for absent staff members, observing or training caregivers in the classroom, conferencing with parents, performing routine maintenance, etc. "Sufficient freedom" means that the center director does not also have permanent duties as a caregiver. However, in small centers of 40 children or less, the center director may also have permanent part-time (20 hours per week or less) caregiver duties. In very small centers of 30 children or less, the center

director may also have permanent full-time caregiver duties.

Always Level 2 Noncompliance.

(9) There shall be a working telephone at the facility, and the center director shall inform a parent and the Department of any changes to the center's telephone number within 48 hours of the change.

Rationale / Explanation

The purpose of the rule is to ensure that the center can contact the parents of children in care, that the parents of children in care can contact the center, and that the center can always contact emergency personnel (fire, police, ambulance, etc.) if needed. CFOC, pg. 222 Standard 5.084

Enforcement

Level 1 Noncompliance: If there is no working telephone at the facility.

Level 3 Noncompliance: If the facility has a working telephone, but does not notify parents or the department of a change in phone number.

(10) The provider shall call the Department within 24 hours to report any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless an emergency medical transport was part of a child's medical treatment plan identified by the parent. The provider shall also mail or fax a written report to the Department within five days of the incident.

Rationale / Explanation

The purpose of this rule is so that the Department can work with centers to correct unsafe or unhealthy conditions and to prevent future or additional harm to children. CFOC, pgs. 141-142 Standard 3.089

Enforcement

For the purposes of this rule, emergency medical response means a call to 911 (or the police, ambulance, or fire department, if any of these are called because of an injury to a child).

Attention from a health care provider means a visit to a hospital or doctor. Centers must report injuries that require attention from a health care provider as soon as they become aware of the visit to the health care provider (for example, in situations where the parent took the child to a health care provider after leaving the center).

Level 1 Noncompliance: If no report is made to the Department.

Level 3 Noncompliance: If the provider has notified the Department, but did not fax or mail the written report to the Department within the required five days.

(11) The duties and responsibilities of the center director include the following:

(a) appoint, in writing, one or more caregivers to be a director designee, with authority to act on behalf of the center director in his or her absence;

R430-100-8. ADMINISTRATION.

Rationale / Explanation

The director of a center plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children. CFOC, pgs. 11-12 Standard 1.014; pg. 334 Standard 8.002

Enforcement

Level 2 Noncompliance: If no director designee is appointed in writing, and staff do not seem to know who is in charge.

Level 3 Noncompliance: If no director designee is appointed in writing, but staff seem to know who is in charge.

(11) The duties and responsibilities of the center director include the following:

(b) train and supervise staff to:

(i) ensure their compliance with this rule;

(ii) ensure they meet the needs of the children in care as specified in this rule; and

(iii) ensure that children are not subjected to emotional, physical, or sexual abuse while in care.

Rationale / Explanation

The purpose of this rule is to ensure that all center staff have the training and ongoing supervision needed to ensure they protect children's health and safety as required in the licensing rules. CFOC, pgs. 17-19 Standard 1.023; pg. 21 Standard 1.025; pgs. 41-42 Standards 1.051, 1.052, 1.054, 1.055, 1.056

Enforcement

Level 1 Noncompliance: If caregivers are not adequately trained or supervised to prevent children from being subjected to abuse, or are not adequately trained or supervised to comply with any rule that has been identified as a Level 1 Noncompliance rule. Check with the Bureau Director before citing.

Level 2 Noncompliance: If caregivers are not adequately trained or supervised to comply with any rule that has been identified as a Level 2 Noncompliance rule. Check with the Bureau Director before citing.

Level 3 Noncompliance: If caregivers are not adequately trained or supervised to comply with any rule that has been identified as a Level 3 Noncompliance rule. Check with the Bureau Director before citing.

(12) The provider shall establish and follow written policies and procedures for the health and safety of the children in care. The written policies and procedures shall address at least the following areas:

(a) direct supervision and protection of children at all times, including when they are sleeping, using the bathroom, in a mixed group activity, on the playground, and during off-site activities;

(b) maintaining required caregiver to child ratios when the center has more than the expected number of children, or fewer than the scheduled number of caregivers;

(c) procedures to account for each child's attendance and whereabouts;

(d) procedures to ensure that the center releases children to authorized individuals only;

(e) confidentiality and release of information;
(f) the use of movies and video or computer games, including what industry ratings the center allows;
(g) recognizing early signs of illness and determining when there is a need for exclusion from the center;
(h) ensuring that food preparation and diapering handwashing are not done in the same sink in infant and toddler areas;
(i) discipline of children, including behavioral expectations of children and discipline methods used;
(j) transportation to and from off-site activities, or to and from home, if the center offers these services; and
(k) if the program offers transportation to or from school, policies addressing:
(i) how long children will be unattended before and after school;
(ii) what steps will be taken if children fail to meet the vehicle;
(iii) how and when parents will be notified of delays or problems with transportation to and from school; and
(iv) the use of size-appropriate safety restraints.

Rationale / Explanation

The purpose of this rule is to ensure that centers have written policies in place to protect children's health and safety. An organized, comprehensive approach to ensuring children's health and safety is necessary in child care centers. Such an approach requires written plans, policies, and procedures, and adequate record-keeping so that there is consistency over time and across staff, as well as an understanding between parents and caregivers. This allows clear expectations to be communicated to staff, and helps center directors train and hold staff responsible for following the written policies. CFOC, pgs. 334-336 Standards 8.004, 8.005; pg. 337 Standard 8.008; pg. 338 Standard 8.010; pg. 360

A yearly review of the center's written policies encourages administrators to keep this information current. Current information on health and safety practices that is developed cooperatively among caregivers and parents invites better compliance with health and safety procedures. CFOC, pg. 355 Standard 8.040

Enforcement

Level 1 Noncompliance: If the provider does not follow any of the written policies required in the rule. Or, if the center doesn't have written policies for:
(a) direct supervision
(b) ratios
(c) attendance
(d) releasing children to authorized individuals only
(h) handwashing and diapering sinks in infant and toddler areas
(i) discipline of children
(j) transportation to and from off-site activities
(k) transportation to and from school.

Level 2 Noncompliance: If the provider does not have written policies for:
(e) confidentiality and release of information
(g) recognizing signs of illness and determining the need for exclusion.

R430-100-8. ADMINISTRATION.

Level 3 Noncompliance: If the provider does not have the written policies for:
(f) the use of movies and video or computer games.

(13) The provider shall ensure that the written policies and procedures are available for review by parents, staff, and the Department during business hours.

Rationale / Explanation

Current information on health and safety practices that is developed cooperatively among caregivers and parents invites better compliance with health and safety procedures. CFOC, pg. 355 Standard 8.040

Access to these written policies by parents and staff is important to ensure that all parties understand the center's policies and expectations, and to help staff remember and follow the policies. Review of the written policies by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 367 Standard 8.057

Enforcement

Always Level 3 Noncompliance.

R430-100-9. RECORDS.

(1) The provider shall maintain the following records on-site for review by the Department:
- **(a) documentation of the previous 12 months of fire and disaster drills as specified in R430-10(11)(12)(13)(14);**
- **(b) current animal vaccination records as required in R430-100-22(3);**
- **(c) a six week record of child attendance, including sign-in and sign-out records;**
- **(d) all current variances granted by the Department;**
- **(e) a current local health department inspection;**
- **(f) a current local fire department inspection;**
- **(g) the most recent "Request for Annual Renewal of CBS/MIS Criminal History Information for Child Care";** as required in R430-6-5(1).

Rationale / Explanation

Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 334 Standard 8.003; pg. 367 Standard 8.057

Enforcement

*If a provider indicates they **do not have** (a), (b), or (g), cite the rule number listed in the actual rule item above, **not** R430-100-9..., as being out of compliance. If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number [R430-9(1...)] **only** as being out of compliance. However, should the provider still not have the required record(s) on the follow-up visit, or if dates on the records at the follow-up visit indicate the record was not completed until after the initial visit, **both** this rule R430-9(1...) **and** the applicable rule listed in the bulleted items above will be cited as out of compliance.*

Always Level 3 Noncompliance.

(1) The provider shall maintain the following records on-site for review by the Department:
- **(h) records for each currently enrolled child, including the following:**
  - **(i) an admission form containing the following information for each child:**
    - **(A) name;**
    - **(B) date of birth;**
    - **(C) date of enrollment;**
    - **(D) the parent's name, address, and phone number, including a daytime phone number;**
    - **(E) the names of people authorized by the parent to pick up the child;**
    - **(F) the name, address and phone number of a person to be contacted in the event of an emergency if the provider is unable to contact the parent;**
    - **(G) the name, address, and phone number of an out of area/state emergency contact person for the child, if available; and**
    - **(H) current emergency medical treatment and emergency medical transportation releases with the parent's signature;**
  - **(ii) a current annual health assessment form as required in R430-100-14(5);**
  - **(iii) current immunization records or documentation of a legally valid exemption, as specified in R430-100-14(4);**
  - **(iv) a transportation permission form, if the center provides transportation services;**
  - **(v) a six week record of medication permission forms, and a six week record of medications actually administered; and**
  - **(vi) a six week record of incident, accident, and injury reports;**

(vii) a six week record of eating, sleeping, and diaper changes as required in R430-100-23(12), R430-100-24(15); and

Rationale / Explanation

The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Names of individuals authorized to pick children up are needed to prevent children from being taken by unauthorized individuals. Emergency treatment consent is needed in order to obtain medical care for children in emergencies. Information about each child's health status and needs and medications is required to ensure that caregivers meet the needs of each individual child. Admission of children without this information can leave the center unprepared to deal with children's daily and emergent health needs. Records of child injuries can be used to discern possible child abuse, and to help prevent future injury. CFOC, pg. 71 Standard 2.054; pg. 87 Standard 3.005; pgs. 359-364 Standards 8.046, 8.047, 8.048, 8.049, 8.050, 8.051; pgs. 369-370 Standard 8.062

Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 367 Standard 8.057

Enforcement

Licensing Specialists will look at the following percentages of child records. A center will considered to be in compliance with this rule if they have all of the required records for 90% of the files reviewed.

# of Children Enrolled	# of Records to be Reviewed	# of Complete Records for 90% Compliance
20 or less	10	9
21-40	15	14
41-60	20	18
61+	25	23

In order to be in compliance, the child admission form must have the following information completed: name; date of birth; the parent's name, address, and phone number, including a daytime phone number; the names of people authorized by the parent to pick up the child; the name, address and phone number of a person to be contacted in the event of an emergency if the provider is unable to contact the parent (unless the parents don't know anyone in the area they can list); and current emergency medical treatment and emergency medical transportation releases with the parent's signature. This means an admission form can be in compliance if it is missing the child's date of enrollment, an out-of-state emergency contact person, or an in-state emergency contact person if the parent does not know anyone they could list.

Level 1 Noncompliance: If there is not a complete admission form, or if a provider transports a child without a transportation permission form.

Level 3 Noncompliance: If any record other than the admission form or the transportation permission form (if the center transports the child) is missing.

*If a provider indicates they **do not have** any of the following records, cite the rule number listed in the bullets below, **not** this rule number, as being out of compliance:*

- *a current annual health assessment form as required in R430-100-14(5)*
- *current immunization records as specified in R430-100-14(4),*

R430-100-9. RECORDS.

- *a six week record of medication permission and administration forms as required in R430-100-17(7-8)*
- *a six week record of incident, accident, and injury reports as required in R430-100-13(4), or*
- *a six week record of eating, sleeping, and diaper changes as required in R430-100-23(12) R430-100-24(15).*

*If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number [R430-9(1...)] **only** as being out of compliance. However, should the provider still not have the required record(s) on the follow-up visit, or if dates on the records at the follow-up visit indicate the record was not completed until after the initial visit, **both** this rule R430-9(1...) **and** the applicable rule listed in the bulleted items above will be cited as out of compliance.*

(1) The provider shall maintain the following records on-site for review by the Department:

(i) records for each staff member, including the following:

(i) date of initial employment;

(ii) results of initial TB screening;

(iii) approved initial "CBS/MIS Consent and Release of Liability for Child Care" form;

(iv) the most recent "Disclosure Statement" for a criminal background check, if the employee has worked at the facility since the last license renewal;

(v) a six week record of days and hours worked;

(vi) orientation training documentation for caregivers, and for volunteers who work at the center at least once each month;

(vii) annual training documentation for caregivers; and

(viii) current first aid and CPR certification, if applicable as required in R430-100-10(2), R430-100-20(5)(d), and R430-100-21(2).

Rationale / Explanation

Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pgs. 367-368 Standards 8.057, 8.058

Enforcement

R430-6-5(3) requires the center to submit background clearance documents for newly hired individuals within five days of the individual becoming involved with the center. "Becoming involved with the center" means the individual's hire date, not the date they start work.

Licensing Specialists will look at the following percentages of staff records. In order to be in compliance, all staff records reviewed must be complete.

# of Staff	# of Records to be Reviewed
10 or less	10
11-15	11
16-20	16
21+	21

Level 1 Noncompliance for missing background clearance documents. Background clearance documents must be submitted to the Bureau within 5 days of the individual's hire date.

Level 3 Noncompliance, except for missing background clearance documents.

R430-100-9. RECORDS.

*If a provider's file is missing background clearance documents, but a check with the Background Clearance Unit indicates the documents were submitted as required and have been returned to the provider, this rule will be cited as out of compliance. If the Background Clearance Unit does **not** show the documents were submitted as required, cite R430-6-5(3), which counts as Level 1 Noncompliance.*

*If a provider indicates they **do not have** any of the following records, cite the rule number listed in the bullets below, **not** this rule number, as being out of compliance:*

- *results of initial TB screening as required in R430-100-16(11-12)*
- *approved initial "CBS/MIS Consent and Release of Liability for Child Care" form (R430-6-5(1) & (3)*
- *orientation training documentation as required in R430-100-7(7),*
- *annual training documentation as required in R430-100-7(8), or*
- *current first aid and CPR certification, if applicable, as required in R430-100-10(2), R430-100-20(5)(d), and R430-100-21(2).*

*If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number (R430-9(1...) **only** as being out of compliance. However, should the provider still not have the required record(s) on the follow-up visit, or if dates on the records at the follow-up visit indicate the record was not completed until after the initial visit, **both** this rule R430-9(1...) **and** the applicable rule listed in the bulleted items above will be cited as out of compliance.*

(2) The provider shall ensure that information in children's files is not released without written parental permission.

Rationale / Explanation

Prior informed, written consent of the parent is required for the release of written or verbal records and information about their child. The purpose of this rule is to prevent unauthorized individuals from accessing confidential information about a child, and to prevent discrimination against a child due to the release of confidential information about the child or his or her family. CFOC, pg. 359 Standard 8.046; pg. 366 Standard 8.055

Enforcement

Level 1 Noncompliance: If the information released results in discrimination against a child, humiliation of a child, or a prohibited person having contact with a child.

Level 3 Noncompliance: If information is released, but it does not result in harm to a child.

R430-100-10. EMERGENCY PREPAREDNESS.

(1) The provider shall post the center's street address and emergency numbers, including ambulance, fire, police, and poison control, near each telephone in the center.

Rationale / Explanation

It is easy for caregivers to panic in an emergency situation. The purpose of this rule is so that caregivers have easy and immediate access to phone numbers they might need to use in an emergency, and can give emergency personnel, such as the police or the fire department, the center's street address. CFOC, pgs. 376-377 Standard 8.077

Enforcement

In areas with 911 service, posting 911 can meet the requirement for posting emergency numbers for ambulance, fire, and police, but not poison control.

Always Level 1 Noncompliance.

(2) At least one person at the facility at all times when children are in care shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification.

Rationale / Explanation

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC, pgs. 21-22 Standards 1.026, 1.027

Enforcement

The person with a current first aid certification and the person with a current CPR certification do not have to be the same person.

Infant CPR certification is not required if the center does not care for infants or toddlers.

Always Level 1 Noncompliance. See Enforcement instructions for R430-100-9(1)(h) above if the provider indicates they have the needed certifications, but cannot find documentation of them during the visit.

(3) The center shall maintain at least one readily available first aid kit, and a second first aid kit for field trips if the center takes children on field trips. The first aid kit shall include the following items:
- **(a) disposable gloves;**
- **(b) assorted sizes of bandaids;**
- **(c) gauze pads and roll;**
- **(d) adhesive tape;**
- **(e) antiseptic or a topical antibiotic;**
- **(f) tweezers; and**
- **(g) scissors.**

(4) Each first aid kit shall be in a closed container, readily accessible to staff but inaccessible to children.

R430-100-10. EMERGENCY PREPAREDNESS.

Rationale / Explanation

The purpose of this rule is to ensure centers have the supplies needed to respond to minor injuries of children, while also ensuring that children are not injured by having access to harmful items in the kit. CFOC, pg. 226 Standard 5.093

Enforcement

Licensor should check one center first aid kit for all of the specific items listed, and then check to make sure additional kits are there as required for vehicles or field trips. Every individual item doesn't need to be checked for in every first aid kit, just in one main center kit.

Items that are elsewhere in the center because they have recently been taken from the first aid kit to be used to treat a child should not be considered missing from the kit.

Level 1 Noncompliance if children have access to the first aid kit.

Level 3 Noncompliance otherwise.

(5) The provider shall have a written emergency and disaster plan which shall include at least the following:

- **(a) procedures for responding to medical emergencies and serious injuries that require treatment by a health care provider;**
- **(b) procedures for responding to fire, earthquake, flood, power failure, and water failure;**
- **(c) the location of and procedure for emergency shut off of gas, electricity, and water;**
- **(d) an emergency exit plan;**
- **(e) an emergency relocation site where children may be housed if the center is uninhabitable;**
- **(f) a means of posting the relocation site address in a conspicuous location that can be seen even if the center is closed;**
- **(g) the transportation route and means of getting staff and children to the emergency relocation site;**
- **(h) a means of accounting for each child's presence in route to and at the relocation site;**
- **(i) a means of accessing children's emergency contact information and emergency releases; including contact information for an out of area/state emergency contact person for the child, if available;**
- **(j) provisions for emergency supplies, including at least food, water, a first aid kit, diapers if the center cares for diapered children, and a cell phone;**
- **(k) procedures for ensuring adequate supervision of children during emergency situations, including while at the center's emergency relocation site; and**
- **(l) staff assignments for specific tasks during an emergency.**

Rationale / Explanation

Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it is important to have a well thought-out and practiced plan in writing that staff can refer to. Having such a practiced plan can prevent poor judgement in the stress of an emergency situation. CFOC, pgs. 114-115 Standard 3.049; pgs. 347-348 Standards 8.024, 8.026

The requirement for posting the relocation site address in a conspicuous location is so that, in the event of an

emergency when the center has been evacuated, parents coming to the center will know where the children have been evacuated to.

Additional helpful (but not mandatory) emergency supplies could include blankets, a flashlight, and books, toys, or activities to occupy children.

Enforcement

Always Level 1 Noncompliance.

(6) The provider shall ensure that the emergency and disaster plan is followed in the event of an emergency.

Rationale / Explanation

This rule is closely tied to R430-100-8(5), which requires that either the center director or a designee with written authority to act on behalf of the center director is present at the facility whenever the center is open for care. In an emergency situation, it is crucial that there be a clearly designated line of authority, and that the person in charge directs all staff to carry out the emergency plan as written and practiced. This cannot happen unless staff have regular training in the plan and practice in carrying it out.

Enforcement

Always Level 1 Noncompliance.

(7) The provider shall review the emergency and disaster plan annually, and update it as needed. The provider shall note the date of reviews and updates to the plan on the plan.

Rationale / Explanation

The purpose of this rule is to ensure that the information in the emergency and disaster plan is up-to-date, so that staff do not attempt to follow an out-of-date plan in the event of an emergency.

Enforcement

Always Level 3 Noncompliance.

(8) The emergency and disaster plan shall be available for immediate review by staff, parents, and the Department during business hours.

Rationale / Explanation

Maintaining calm and composed thinking can be difficult in emergency situations. It is crucial for staff to have access to the written plan to refer to in the event of an emergency. Parents need access to the plan to ensure they understand what procedures the center will follow in the event of an emergency. CFOC, pgs. 347-348 Standard 8.024; pgs. 335-336 Standard 8.005

Review of the written policies by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 367 Standard 8.057

R430-100-10. EMERGENCY PREPAREDNESS.

Enforcement

Level 2 Noncompliance: If staff do not have immediate access to the plan.

Level 3 Noncompliance: If the Department or parents do not have immediate access to the plan.

(9) The provider shall post emergency exit plans in conspicuous locations in each area or classroom occupied by children or staff. The emergency exit plan shall identify the reader's location within the building, and shall show the exit paths and the locations of the fire extinguishers and fire alarm pulls.

Rationale / Explanation

Maintaining calm and composed thinking can be difficult in emergency situations. Diagramed evacuation procedures are the easiest to follow in the event of an emergency. Floor plan layouts that show two alternate exit routes (in case one is blocked) are best. Plans should be clear enough that a visitor to the facility could easily follow the instructions. CFOC, pgs. 347-348 Standard 8.024

Enforcement

If a center has one large room that has been divided with furniture into multiple smaller classrooms, with each classroom having their own group of children and assigned caregiver(s), then each smaller classroom should have an emergency exit plan posted in it.

Always Level 3 Noncompliance.

(10) The provider shall conduct fire evacuation drills monthly. Drills shall include complete exit of all children and staff from the building.

(11) The provider shall document all fire drills, including:

- **(a) the date and time of the drill;**
- **(b) the number of children participating;**
- **(c) the name of the person supervising the drill;**
- **(d) the total time to complete the evacuation; and**
- **(e) any problems encountered.**

Rationale / Explanation

Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it is important to have a well thought-out and practiced plan in writing that staff can refer to. Having such a practiced plan can prevent poor judgements made in the stress of an emergency situation. Practicing the plan also provides opportunities to identify and work out any problems that arise during practice, before actual emergencies occur. CFOC, pgs. 347-348 Standards 8.024, 8.026

Review of the evacuation records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 367 Standard 8.057

Enforcement

Level 1 Noncompliance: If there is a record of 3 or fewer fire drills conducted during the previous 12 months.

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Level 2 Noncompliance: If there is a record of 4-7 fire drills conducted for of the previous 12 months.

Level 3 Noncompliance: If there is a record of drills conducted for at least 8 of the 12 previous months, or if there is a record for 8 or more of the previous months, but some of the required information is missing.

(12) The provider shall conduct drills for disasters other than fires at least once every six months.

(13) The provider shall document all disaster drills, including:

- **(a) the type of disaster, such as earthquake, flood, prolonged power outage, tornado;**
- **(b) the date and time of the drill;**
- **(c) the number of children participating;**
- **(d) the name of the person supervising the drill; and**
- **(e) any problems encountered.**

Rationale / Explanation

Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it is important to have a well thought-out and practiced plan in writing that staff can refer to. Having such a practiced plan can prevent poor judgements made in the stress of an emergency situation. Practicing the plan also provides opportunities to identify and work out any problems that arise during practice, before actual emergencies occur. CFOC, pgs. 347-348 Standards 8.024, 8.025, 8.026

Review of the evacuation records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 367 Standard 8.057

Enforcement

Level 1 Noncompliance: If there is no record of any drills having been conducted during the previous 12 month.

Level 2 Noncompliance: If there is a record of one drill having been conducted during the license year, or if there is a record of one or both drills, but some of the required information is missing.

(14) The center shall vary the days and times on which fire and other disaster drills are held.

Rationale / Explanation

The purpose of this rule is so that all staff and children, including part-time staff and children, have opportunities to practice the emergency drills, and to ensure that drills are practiced during different routine times, such as meal times, nap times, etc.

Enforcement

Always Level 2 Noncompliance.

R430-100-11. SUPERVISION AND RATIOS.

(1) The provider shall ensure that caregivers provide and maintain direct supervision of all children at all times.

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. Staff should regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location, or a child wandered off when a door was open. Regular counting of children can alert the staff to a missing child. CFOC, pgs. 58-59 Standard 2.028

Enforcement

If children are unsupervised during an off-site activity, cite R430-100-20(5)(c), not this rule.

Always Level 1 Noncompliance.

(2) Caregivers shall actively supervise children on the playground to minimize the risk of injury to a child.

Rationale / Explanation

Children like to test their skills and abilities. This is particularly true in outdoor play with playground equipment. Even if the highest safety standards for playground layout, equipment, and surfacing are met, serious injuries can still happen if children are left unsupervised. CFOC, pgs. 58-59 Standard 2.028

Enforcement

Actively supervising children means the caregivers' attention should be focused on the children at all times, and not on personal interests (such as visiting with other caregivers, talking on a cell phone, reading, etc.) or non-caregiving duties. Caregivers should also maintain awareness of the entire group even when interacting with small groups or individual children, and position themselves so that all children playing on the playground can be observed by a caregiver.

Always Level 1 Noncompliance.

(3) There shall be at least two caregivers with the children at all times when there are more than 8 children or more than 2 infants present.

Rationale / Explanation

The purpose of this rule is so that there will be a second caregiver available to respond to emergencies if needed, while the other caregiver supervises the children. CFOC, pgs. 3-5 Standard 1.002

Enforcement

Always Level 1 Noncompliance.

R430-100-11. SUPERVISION AND RATIOS.

(4) The licensee shall maintain the minimum caregiver to child ratios and group sizes in Table 5 for single age groups of children.

(5) A center constructed prior to 1 January 2004 which has been licensed and operated as a child care center continuously since 1 January 2004 is exempt from maximum group size requirements, if the required caregiver to child ratios are maintained, and the required square footage for each classroom is maintained.

Rationale / Explanation

An October 2005 legislative audit of the Bureau of Child Care Licensing examined Utah's ratio rule specifically, and found that Utah's requirements are consistent with other states. The audit stated that Utah ratios are actually on the less restrictive end of the range used by states, and fall below the national standards for every age group. The audit concluded that Utah's rules are reasonable and justifiable.

The purpose of required caregiver to child ratios is to ensure that there are enough caregivers to adequately supervise children, ensure children's safety, and meet children's needs. Low caregiver to child ratios are most critical for infants and toddlers. Infant development and caregiving quality both improve when groups sizes and caregiver to child ratios are smaller. For 3- and 4-year-old children, the size of the group is even more important than ratios. Recommended ratios and group sizes for 3- and 4-year-olds allow these children to have the needed adult support and guidance while encouraging independent, self-initiated play and other activities. CFOC, pgs. 3-5 Standard 1.002

It is also important for caregiver to child ratios to be sufficiently low to keep caregiver stress below levels that could result in anger with children. Caring for too many children increases the possibility of stress for caregivers, and may result in loss of self-control. CFOC, pgs. 3-5 Standard 1.002

The American Academy of Pediatrics and the American Public Health Association recommend the following maximum caregiver to child ratios and group sizes. CFOC, pgs. 3-5 Standard 1.002

Age	*Staff to Child Ratio*	*Maximum Group Size*
Birth – 12 months	*1:3*	*6*
13 – 30 months	*1:4*	*8*
31 – 35 months	*1:5*	*10*
3-year-olds	*1:7*	*14*
4- and 5-year-olds	*1:8*	*16*
6 – 8-year-olds	*1:10*	*20*
9 – 12-year-olds	*1:12*	*24*

Enforcement

*A group with more than one caregiver may be temporarily out of ratios for brief periods of 15 minutes or less, if one caregiver leaves the room but remains in the center in order to meet the immediate needs of the children in his or her group, such as helping a child who is hurt, getting food for children, taking a sick child to the office, getting medication for a child, helping a child in the bathroom, helping a child change soiled clothing, etc. (Examples of tasks **not** related to meeting the immediate needs of the children in the group include: doing laundry or other housekeeping duties, making personal phone calls, taking a work break, etc.)* ***However, when this is done, providers must always remember that no caregiver under the age of 18 can ever be left alone with***

children, even for brief periods of time.

A center may exceed the required caregiver to child ratios for up to 45 minutes when circumstances beyond the licensee's control temporarily prevent the center from meeting the required ratios. In such emergency situations, centers should, whenever possible, ensure that the youngest age groups have first priority for meeting required caregiver to child ratios. Examples of circumstances beyond the licensee's control include caregivers not arriving for work at their scheduled time without giving adequate notice, or children arriving earlier than their normal time or departing later than their normal time.

If a center is out of ratio due to circumstances beyond their control, the licensor may make up to 2 additional unannounced follow-up visits at the same time of day, to determine if the situation was an isolated incident or a recurring pattern. Such follow-up visits shall be made at least a week after the date of the original incident. If two of the three times the center is within ratio, the situation will be considered an isolated incident. If two of the three times the center is out of ratio, the situation will be considered a recurring pattern. Or, the Bureau may accept satisfactory written proof that the situation was an isolated incident, such as caregiver time sheets, sign-in and sign-out sheets, etc.

In situations where the center has enough staff to be in ratio in each age group, but the children in one or more age groups are not grouped to meet the required ratios, the situation will be considered a Level 3 noncompliance the first time the problem occurs.

Preschoolers and school age children may temporarily be in groups that exceed maximum group sizes for outdoor play and meal times, or if the center is having a special activity such as a puppet show, provided the required staff to child ratios are maintained.

If the program does not maintain required caregiver to child ratios during an off-site activity, cite R430-100-20(5)(c), not this rule.

Level 1 Noncompliance:

- *Infant/toddler groups: over ratio by any amount*
- *Twos: over ratio by 2 or more children*
- *Threes & Fours: over ratio by 4 or more children*
- *Fives & School Age: over by 6 or more children*

Level 2 Noncompliance:

- *Twos: over ratio by 1 child*
- *Threes & Fours: over ratio by 3 children*
- *Fives & School Age: over ratio by 4-5 children*

Level 3 Noncompliance:

- *Threes & Fours: over ratio by 1-2 children*
- *Fives & School Age: over ratio by 1-3 children*

TABLE 5 Minimum Caregiver to Child Ratios and Group Sizes			
Ages of Children	**# of Caregivers**	**# of Children**	**Maximum Group Size**
Birth – 23 months	1	4	8
2 years old	1	7	14
3 years old	1	12	24
4 years old	1	15	30
5 years old & school age	1	20	40

R430-100-11. SUPERVISION AND RATIOS.

(6) Ratios and group sizes for mixed age groups are determined by averaging the ratios and group sizes of the ages represented in the group, with the following exception: if more than half of the group is composed of children in the youngest age group, the caregiver to child ratio and group size for the youngest age shall be maintained.

(7) Table 6 represents the caregiver to child ratios and group size for common mixed age groups.

Rationale / Explanation

See Rationale / Explanation for subsection (4) above. CFOC, pgs. 3-5 Standard 1.002

Enforcement

If the program does not maintain required caregiver to child ratios during an off-site activity, cite R430-100-20(5)(c), not this rule.

The noncompliance levels are the same as in subsection (4) above, if more than half the group is composed of children in the youngest age group.

If more than half the group is not composed of children in the youngest age group, the following applies:

Level 1 Noncompliance:

- *any group with infants or toddlers in it is over ratio by any amount*
- *2s and 3s are over ratio by 3 or more children*
- *3s and 4s are over ratio by 4 or more children*
- *4s and 5s/SA are over ratio by 5 or more children*
- *2s, 3s, and 4s are over ratio by 3 or more children*
- *3s, 4s, and 5s/SA are over ratio by 5 or more children*
- *2s, 3s, 4, and 5s/SA are over by 4 or more children*

Level 2 Noncompliance:

- *2s and 3s are over ratio by 2 children*
- *3s and 4s are over ratio by 3 children*
- *4s and 5s/SA are over ratio by 4 children*
- *2s, 3s, and 4s are over ratio by 2 children*
- *3s, 4s, and 5s/SA are over ratio by 4 children*
- *2s, 3s, 4s, and 5s/SA are over by 3 children*

R430-100-11. SUPERVISION AND RATIOS.

Level 3 Noncompliance:

- *2s and 3s are over ratio by 1 child*
- *3s and 4s are over ratio by 1-2 children*
- *4s and 5s/SA are over ratio by 1-3 children*
- *2s, 3s, and 4s are over ratio by 1 child*
- *3s, 4s, and 5s/SA are over ratio by 1-3 children*
- *2s, 3s, 4s, and 5s/SA are over by 1-2 children*

TABLE 6
Minimum Caregiver to Child Ratios and Group Sizes for Mixed Age Groups

TWO MIXED AGES			
Ages of Children	**# of Caregivers**	**# of Children**	**Maximum Group Size**
2 & 3 years	1	10	19
3 & 4 years	1	14	27
4 & 5 years & school age	1	18	35
THREE MIXED AGES			
Ages of Children	**# of Caregivers**	**# of Children**	**Maximum Group Size**
2, 3, & 4 years	1	11	23
3, 4, & 5 years & school age	1	16	31
FOUR MIXED AGES			
Ages of Children	**# of Caregivers**	**# of Children**	**Maximum Group Size**
2, 3, 4 & 5 years & school age	1	13	27

R430-100-11. SUPERVISION AND RATIOS.

(8) Infants and toddlers may be included in mixed age groups only when 8 or fewer children are present at the center.

Rationale / Explanation

Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run in to, being knocked down, being pushed, shoved, sat on, etc. CFOC, pg. 54 Standard 2.013; pg. 236 Standard 5.114

Separation of infants from older children and non-caregiving adults is also important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and

bacteria. CFOC, pg. 54 Standard 2.103; pg. 236 Standard 5.114

Enforcement

If a child in a toddler group turns two and the center feels the child is not ready to move to a two-year-old class, or if a center chooses to keep children together in the same group over time rather than moving individual toddlers up to a two-year-old group on their birthday, two-year-olds may remain in the toddler group after they turn two. However, the group they remain in must maintain the 1:4 ratio for toddlers, and follow all of the other rules related to toddler care.

Always Level 1 Noncompliance.

(9) If more than 2 infants or toddlers are included in a mixed age group, there shall be at least 2 caregivers with the group.

Rationale / Explanation

The purpose of this rule is so that there will be enough adults present to evacuate all children in the group, including infants and toddlers who must be carried, in the event of an emergency. CFOC, pgs. 3-5 Standard 1.002

Enforcement

Always Level 1 Noncompliance.

(10) During nap time the caregiver to child ratio may double for not more than two hours for children age 18 months and older, if the children are in a restful or non-active state, and if a means of communication is maintained with another caregiver who is on-site. The caregiver supervising the napping children must be able to contact the other on-site caregiver without having to leave children unattended in the napping area.

Rationale / Explanation

Napping children require less supervision than awake children. However, there must still be enough caregivers present and available, without leaving children unattended, to evacuate all children from the facility in the event of an emergency. In addition, children presumed to be sleeping may actually be awake, and children may wake up before the scheduled nap time is over. CFOC, pgs. 3-5 Standard 1.002; pgs. 58-59 Standard 2.028

Enforcement

This rule applies only to nap times. For example, it does not apply to movie times, or other less active times that are not nap times.

Always Level 1 Noncompliance.

(11) The children of the licensee or any employee, age four or older, are not counted in the caregiver to child ratios when the parent of the child is working at the center, but are counted in the maximum group size.

R430-100-11. SUPERVISION AND RATIOS.

Rationale / Explanation

This rule was implemented to give center providers parity with the rules for licensed family child care providers. It is not a rule that will ever be cited. Rather, it will be used to determine if a provider is in compliance with the rules that specify what the required caregiver to child ratios are.

R430-100-12. INJURY PREVENTION.

(1) The provider shall ensure that the building, grounds, toys, and equipment are maintained and used in a safe manner to prevent injury to children.

Rationale / Explanation

Proper maintenance is a key factor in trying to ensure a safe environment for children. Regular inspections are critical to prevent breakdown of equipment and the accumulation of hazards in the environment, and to ensure that needed repairs are made quickly. Regular maintenance checks and appropriate corrective actions documented in writing an reduce the risk of potential injury and provide a mechanism for periodic monitoring and improvements. CFOC, pgs. 109-110 Standard 3.038; pgs. 216-217 Standard 5.075; pg. 223 Standard 5.086; pgs. 262-264 Standards 5.194, 5.196; pg. 374 Standard 8.071

The physical structure where children spend each day can present safety concerns if it is not kept in good repair and maintained in a safe condition. For example, peeling paint in older buildings may be ingested, floor surfaces in disrepair could cause falls and other injuries, broken windows could cause severe cuts. Children's environments must also be protected from exposure to moisture, dust, and excessive temperatures. CFOC, pg. 273 Standard 5.231

Constant direct supervision is also needed in order to ensure that even well-maintained equipment is not used in unsafe ways. CFOC, pgs. 58-59 Standard 2.028

Enforcement

This rule is cited only when there is not another rule that specifically addresses an observed lack of safe maintenance or use of the building, grounds, toys, and equipment.

Always Level 1 Noncompliance.

(2) The provider shall ensure that the indoor environment is free of tripping hazards such as unsecured flooring or cords.

Rationale / Explanation

The purpose of this rule is to prevent injuries to children from tripping and falling. CFOC, pgs. 216-217 Standard 5.075

Enforcement

Level 1 Noncompliance: If there is a tripping hazard where a child would fall on a hard surface (tile, concrete, etc.).

Level 2 Noncompliance: If there is a tripping hazard where a child would not fall on a hard surface, or if there is a tripping hazard where a child would fall on a hard surface, but it is corrected during the inspection.

(3) Areas accessible to children shall be free of unstable heavy equipment, furniture, or other items that children could pull down on themselves.

R430-100-12. INJURY PREVENTION.

Rationale / Explanation

Children have suffered serious injuries and death due to unstable heavy equipment falling on them. The Consumer Product Safety Commission (CPSC) estimates that at least 3000 children under age 5 were treated in U.S. hospital emergency rooms during 2005 for injuries associated with television tip-overs. In addition, between 2000 and 2005, CPSC received reports of 65 furniture tip-over deaths and 36 television tip-over deaths. Over 80% of these deaths involved young children. Secure anchoring of heavy equipment is essential for safe, stable installation. CFOC, pg. 259 Standard 5.182

Enforcement

Always Level 1 Noncompliance.

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(4) The following items shall be inaccessible to children:
(a) firearms, ammunition, and other weapons on the premises. Firearms shall be stored separately from ammunition, in a locked cabinet or area, unless the use is in accordance with the Utah Concealed Weapons Act, or as otherwise allowed by law;

Rationale / Explanation

The purpose of this rule is to prevent child injuries or deaths from firearms. Children have a natural curiosity about firearms and have often seen their use glamorized on television. Firearms pose a great potential for tragic accidents with children. CFOC, pg. 252 Standard 5.161; pg. 354 Standard 8.039

Enforcement

Always Level 1 Noncompliance.

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(4) The following items shall be inaccessible to children:
(b) tobacco, alcohol, illegal substances, and sexually explicit material;

Rationale / Explanation

The age, defenselessness, and lack of mature judgement of children in care make the prohibition of tobacco, alcohol, and illegal substances an absolute requirement in child care programs. CFOC, pg. 111 Standard 4.041; pg. 354 Standard 8.038

Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections. CFOC, pg. 111 Standard 4.041; pg. 354 Standard 8.038

Enforcement

Always Level 1 Noncompliance.

---

(4) The following items shall be inaccessible to children:
(c) when in use, portable space heaters, fireplaces, and wood burning stoves;

R430-100-12. INJURY PREVENTION.

Rationale / Explanation

Portable space heaters, fireplaces, and wood burning stoves are all hot enough to burn children when in use. They can also start fires when heating elements, flames, or hot surfaces are too close to flammable materials, including children's clothing. In addition, fireplaces and wood burning stoves can be sources of toxic products of combustion. CFOC, pgs. 201-202 Standards 5.035, 5.037, 5.038

Enforcement

Always Level 1 Noncompliance.

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(4) The following items shall be inaccessible to children:
(d) toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable materials;

Rationale / Explanation

All of these substances can cause illness or death through accidental ingestion. Flammable materials are also involved in many non-house fire flash burn admissions to burn units. CFOC, pgs. 215-216 Standard 5.073; pgs. 229-230 Standard 5.100; pgs. 232-233 Standards 5.106, 5.107; pg. 251 Standard 5.158

Enforcement

Always Level 1 Noncompliance.

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(4) The following items shall be inaccessible to children:
(e) poisonous plants;

Rationale / Explanation

Plants are among the most common household substances that children ingest. Poisonous plants can also cause skin rashes. CFOC, pg. 232 Standard 5.106

See CFOC, pg. 434, Appendix U for a list of safe and poisonous plants.

Enforcement

Always Level 1 Noncompliance.

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(4) The following items shall be inaccessible to children:
(f) matches or cigarette lighters;

Rationale / Explanation

Accidental fires are often started by children playing with matches and cigarette lighters. CFOC, pg. 251 Standard 5.157

R430-100-12. INJURY PREVENTION.

Enforcement

Always Level 1 Noncompliance.

(4) The following items shall be inaccessible to children:
(g) open flames;

Rationale / Explanation

Children are at risk of burns from open flames. Fires may also be accidently started by open flames, such as a burning candle. CFOC, pg. 251, Standard 5.157

Enforcement

Always Level 1 Noncompliance.

(4) The following items shall be inaccessible to children:
(h) sharp objects, edges, corners, or points which could cut or puncture skin;

Rationale / Explanation

The purpose of this rule is to prevent children from being cut or having their skin punctured by sharp objects. CFOC, pg. 109 Standard 3.038; pg. 223 Standard 8.087; pgs. 263-264 Standard 5.196

Enforcement

Always Level 1 Noncompliance.

(4) The following items shall be inaccessible to children:
(i) for children age 4 and under, strings and cords long enough to encircle a child's neck, such as those found on pull toys, window blinds, or drapery cords;

Rationale / Explanation

Window covering cords are frequently associated with strangulation of children under five years of age. Cords and ribbons tied to pacifiers can become tightly twisted, or can catch on crib corner posts or other protrusions, causing strangulation. CFOC, pg. 252 Standard 5.160

Enforcement

This rule is not meant to prohibit preschoolers from using lacing cards or stringing beads, provided these are used under good adult supervision.

Always Level 1 Noncompliance.

(4) The following items shall be inaccessible to children:
(j) for children age 4 and under, plastic bags large enough for a child's head to fit inside, latex gloves, and balloons; and

R430-100-12. INJURY PREVENTION.

Rationale / Explanation

Plastic bags pose a suffocation risk for children. Rubber balloons and latex gloves can cause choking if children accidentally swallow them, or bite off parts of them and swallow them. CFOC, pg. 109 Standard 3.038; pgs. 223-224 Standards 5.087, 5.089; pg. 252 Standard 5.159

Enforcement

Always Level 1 Noncompliance.

(4) The following items shall be inaccessible to children:

(k) for children age 3 and under, toys or other items with a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches, or objects with removable parts that have a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches.

Rationale / Explanation

These items pose a choking hazard for small children. CFOC, pg. 223 Standard 5.087

Enforcement

If children are in a carefully supervised activity, such as an art activity with a caregiver sitting at the art table with them, they may use art materials smaller than the allowed size, such as pom-poms or craft eyes. However, these items may not be accessible to children unless a caregiver is at the table with the children supervising their use of these items.

Always Level 1 Noncompliance.

(5) The provider shall store all toxic or hazardous chemicals in a container labeled with its contents.

Rationale / Explanation

The purpose of this rule is so that a toxic or hazardous chemical is not mistaken for a harmless material. For example, an unlabeled bottle of bleach water used for sanitizing could be mistaken for plain water. CFOC, pgs. 229-230 Standard 5.100

Enforcement

Always Level 1 Noncompliance.

(6) Electrical outlets and surge protectors accessible to children age four and younger shall have protective caps or safety devices when not in use.

Rationale / Explanation

Preventing children from placing fingers or sticking objects into exposed electrical outlets prevents electrical shock, electrical burns, and potential fires. Oral injuries can also occur when young children insert a metal object into an outlet and try to use their teeth to extract the object. The combination of electricity and mouth moisture closes the electrical circuit, and can lead to serious life-long injuries. CFOC, pgs. 206-207 Standard 5.048

R430-100-12. INJURY PREVENTION.

Enforcement

Always Level 2 Noncompliance.

(7) Hot water accessible to children shall not exceed 120 degrees Fahrenheit.

Rationale / Explanation

Tap water burns are the leading cause of nonfatal burns, and children under 5 years of age are the most frequent victims. Water heated to 130 degrees Fahrenheit takes only 30 seconds to burn the skin. Water heated to 120 degrees takes 2 minutes to burn the skin. CFOC, pg. 202 Standard 5.040

Enforcement

The thermometer should be held in running water until the temperature on the thermometer stops rising. Due to the variable accuracy of hot water thermometers, this rule is not considered out of compliance unless the temperature measures 123 degrees or hotter.

Level 1 Noncompliance: If the hot water temperature is 128 degrees or higher.

Level 2 Noncompliance: If the temperature is between 123 and 127 degrees.

(8) High chairs shall have T-shaped safety straps or devices that are used whenever a child is in the chair.

Rationale / Explanation

The purpose of this rule is to prevent children from sliding out of a high chair and falling to the ground, or sliding partway out and becoming entrapped, which poses a strangulation hazard. CFOC, pg. 220 Standard 5.081

Enforcement

Always Level 1 Noncompliance.

(9) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children under age 3 shall not have a designated play surface that exceeds 3 feet in height.

(a) If such equipment has an elevated designated play surface less than 18 inches in height, it shall be surrounded by cushioning materials, such as mats at least 1 inch thick, in a 3 foot use zone.

(b) If such equipment has an elevated designated play surface that is 18 inches to 3 feet in height, it shall be surrounded by mats at least 2 inches thick, or cushioning that meets ASTM Standard F1292, in a three foot use zone.

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. CFOC, pgs. 216-217 Standard 5.075; pgs. 259-260 Standard 5.183; pg.

264 Standard 5.197

There are several different types of ASTM compliant cushioning that can be used under indoor play equipment. These include certain mats, carpeting, and unitary cushioning materials. For examples of possible ASTM compliant indoor cushioning materials, see:

- *http://www.safelandings.com*
- *http://www.surfaceplay.com*
- *http://www.baplaysets.com/shopping/cfmodularmats.asp*
- *http://www.daycaremall.com/softplay_3.html*

Enforcement

Always Level 1 Noncompliance.

(10) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children age 3 and older shall not have a designated play surface that exceeds 5-1/2 feet in height.

(a) If such equipment has an elevated designated play surface less than 3 feet in height, it shall be surrounded by protective cushioning material, such as mats at least 1 inch thick, in a six foot use zone.

(b) If such equipment has an elevated designated play surface that is 3 feet to 5-1/2 feet in height, it shall be surrounded by cushioning that meets ASTM Standard F1292, in a six foot use zone.

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. CFOC, pgs. 216-217 Standard 5.075; pgs. 259-260 Standard 5.183; pg. 264 Standard 5.197

There are several different types of ASTM compliant cushioning that can be used under indoor play equipment. These include certain mats, carpeting, and unitary cushioning materials. For examples of possible ASTM compliant indoor cushioning materials, see:

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- *http://www.surfaceplay.com*
- *http://www.baplaysets.com/shopping/cfmodularmats.asp*
- *http://www.daycaremall.com/softplay_3.html*

Enforcement

Always Level 1 Noncompliance.

(11) There shall be no trampolines in the indoor play area.

Rationale / Explanation

Trampolines pose serious safety hazards. The Consumer Product Safety Commission estimates that in 1998 there were 95,000 hospital emergency room-treated injuries associated with trampolines. About 75% of the victims are under 15 years of age, and 10% are under five years of age. The hazards that result in injuries and

R430-100-12. INJURY PREVENTION.

deaths are:

- *falling or jumping off the trampoline.*
- *falling on the trampoline springs or frame.*
- *colliding with another person on the trampoline.*
- *landing improperly while jumping or doing stunts on the trampoline.*

Enforcement

This rule includes full size above-ground trampolines, built into the ground trampolines, and mini-trampolines.

Always Level 1 Noncompliance.

R430-100-13. PARENT NOTIFICATION AND CHILD SECURITY.

(1) The provider shall post a copy of the Department's child care guide in the center for parents' review during business hours.

Rationale / Explanation

The purpose of this rule is to inform parents of the existence of child care licensing regulations, and how they can contact the Department if they have a complaint regarding a licensing violation in a regulated child care facility. CFOC, pgs. 376-377 Standard 8.077

Enforcement

Always Level 3 Noncompliance.

(2) Parents shall have access to the center and their child's classroom at all times their child is in care.

Rationale / Explanation

Allowing parents unrestricted access to the center and their child's classroom at all times is one of the most important methods of preventing abuse and inappropriate discipline. When access is restricted, areas observable by parents may not reflect the care children actually receive on a day-to-day basis. CFOC, pgs. 67-68 Standard 2.046; pgs. 376-377 Standard 8.077

Enforcement

Always Level 2 Noncompliance.

(3) The provider shall ensure the following procedures are followed when children arrive at the center or leave the center:

- **(a) Each child must be signed in and out of the center by the person dropping the child off and picking the child up, including the date and time the child arrives or leaves.**
- **(b) Persons signing children into the center shall use identifiers, such as a signature, initials, or electronic code.**
- **(c) Persons signing children out of the center shall use identifiers, such as a signature, initials, or electronic code, and shall have photo identification if they are unknown to the provider.**
- **(d) Only parents or persons with written authorization from the parent may take any child from the center. In an emergency, the provider may accept verbal authorization if the provider can confirm the identity of the person giving the verbal authorization and the identity of the person picking up the child.**

Rationale / Explanation

Proper departure procedures and identification are necessary to prevent unauthorized individuals from taking a child from the center. CFOC, pg. 349 Standards 8.028, 8.029

Keeping accurate records of arrivals and departures is critical to establishing what children are in care at the center at any given time, and how many caregivers are needed. CFOC, pg. 350 Standard 8.030

R430-100-13. PARENT NOTIFICATION AND CHILD SECURITY.

Enforcement

Centers who use an electronic computer system which requires parents to use an identification code to sign children in and out meet the intent of this rule.

Always Level 1 Noncompliance.

(4) The provider shall give parents a written report of every incident, accident, or injury involving their child on the day of occurrence. The caregivers involved, the center director, and the person picking the child up shall sign the report on the day of occurrence.

Rationale / Explanation

The purpose of this rule is to ensure that parents are informed of every incident involving their child. This is important to protect both the provider and the child. Without an injury report, parents may not know to watch their child for possible harm that may turn out to be more serious than was immediately apparent. For example, a child may seem okay after a fall, but may actually have a concussion. Incident reports can also allow providers to recognize Injury patterns and possible abuse to a child. CFOC, pgs. 369-370 Standard 8.062

Enforcement

Examples of incidents that parents should receive a written report for include: any injury involving their child, forgetting to pick a child up after school, children getting into a fight that results in injury, a serious discipline problem involving their child, or a child escaping from the center without adult supervision.

Level 1 Noncompliance: If a child is seriously injured and the parent is not notified in writing.

Level 3 Noncompliance: If a parent is not notified in writing of an incident other than a serious injury involving their child, or if a signature is missing from the report.

(5) If a child is injured and the injury appears serious but not life threatening, the provider shall contact the parent immediately, in addition to giving the parent a written report of the injury.

Rationale / Explanation

The purpose of this rule is to ensure that parents are informed of and can make decisions regarding the care of their child after a serious injury.

Enforcement

Always Level 1 Noncompliance.

(6) In the case of a life threatening injury to a child, or an injury that poses a threat of the loss of vision, hearing, or a limb, the provider shall contact emergency personnel immediately, before contacting the parent. If the parent cannot be reached after emergency personnel have been contacted, the provider shall attempt to contact the child's emergency contact person.

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Rationale / Explanation

A delay in contacting emergency personnel in the case of a life threatening injury could result in permanent disability or death. This is why emergency personnel must be contacted before anyone else when a child has a potentially life threatening injury. CFOC, pg. 424 Appendix N

Enforcement

Always Level 1 Noncompliance.

R430-100-14. CHILD HEALTH.

(1) No child may be subjected to physical, emotional, or sexual abuse while in care.

Rationale / Explanation

Serious physical abuse of children by caregivers usually occurs at times of high stress for the caregiver. For this reason, it is important for caregivers to have ways of taking breaks and seeking assistance when they are stressed. CFOC, pgs. 117-118 Standard 3.058

The presence of multiple caregivers also greatly reduces the risk of serious abuse to children. Abuse tends to occur in privacy and isolation, and especially in toileting areas. CFOC, pg. 118 Standard 3.059

Corporal punishment may be physically and emotionally abusive, or may easily become abusive. Research links corporal punishment with negative effects such as later criminal behavior and learning impairments. Other inappropriate discipline methods such as humiliation or using abusive language may also be emotionally abusive. CFOC, pgs. 65-66 Standard 2.042; pg. 377 Standard 8.009

Enforcement

Always Level 1 Noncompliance.

(2) All staff shall follow the reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation found in Utah Code, Section 62A-4a-403 and 62A-4a-411.

Rationale / Explanation

Reporting of suspected child abuse or neglect is required by Utah law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services. Reporting suspected abuse or neglect to one's supervisor only does not meet the legal requirement to report suspected abuse and neglect. CFOC, pgs. 116-117 Standards 3.053, 3.055

See CFOC, pg. 420 Appendix K for a list of signs of possible abuse and neglect, and pg. 421 Appendix L for a list of risk factors for abuse and neglect.

Enforcement

Always Level 1 Noncompliance.

(3) The use of tobacco, alcohol, illegal substances, or sexually explicit material on the premises or in center vehicles is prohibited any time that children are in care.

Rationale / Explanation

Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections. CFOC, pg. 63 Standard 2.035; pg. 111 Standard 4.041; pg. 354 Standard 8.038

The age, defenselessness, and lack of mature judgement of children in care make the prohibition of tobacco,

alcohol, and illegal substances an absolute requirement. CFOC, pg. 111 Standard 4.041; pg. 354 Standard 8.038

Enforcement

Always Level 1 Noncompliance.

(4) The provider shall not admit any child to the center without documentation of:
- **(a) proof of current immunizations, as required by Utah law;**
- **(b) proof of receiving at least one dose of each required vaccine prior to enrollment, and a written schedule to receive all subsequent required vaccinations; or**
- **(c) written documentation of an immunization exemption due to personal, medical or religious reasons.**

Rationale / Explanation

Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases. CFOC, pgs. 87-88 Standards 3.005, 3.006; pg. 342 Standard 8.014

Enforcement

*If a provider indicates they **do not have** the required immunization records, cite this rule as being out of compliance. If they indicate they have the record, but cannot locate it during your visit, do not cite this rule. Rather, cite R430-9(1)(h)(iii) as being out of compliance. Should the provider still not have the required record(s) on the follow-up visit, or if dates on the records at the follow-up visit indicate the record was not completed until after the initial visit, **both** this rule and R430-9(1)(h)(iii) should be cited as out of compliance.*

Always Level 2 Noncompliance.

(5) The provider shall not admit any child to the center without a signed health assessment completed by the parent which shall include:
- **(a) allergies;**
- **(b) food sensitivities;**
- **(c) acute and chronic medical conditions;**
- **(d) instructions for special or non-routine daily health care;**
- **(e) current medications; and,**
- **(f) any other special health instructions for the caregiver.**

(6) The provider shall ensure that each child's health assessment is reviewed, updated, and signed or initialed by the parent at least annually.

Rationale / Explanation

Admission of children without this information can leave the center unprepared to deal with daily and emergency health needs of the child. CFOC, pg. 71 Standard 2.054

Enforcement

*If a provider indicates they **do not have** the required health assessments, cite this rule as being out of compliance. If they indicate they have the assessments, but cannot locate it during your visit, do not cite this rule.*

R430-100-14. CHILD HEALTH.

Rather, cite R430-9(1)(h)(ii) as being out of compliance. Should the provider still not have the required health assessment(s) on the follow-up visit, or if dates on the assessment(s) at the follow-up visit indicate the assessment was not completed until after the initial visit, ***both*** *this rule and R430-9(1)(h)(ii) should be cited as out of compliance.*

Level 1 Noncompliance: If lack of information on a health assessment resulted in an emergency situation (seizure, allergic reaction, etc.) in which caregivers did not have the needed information.

Level 2 Noncompliance otherwise.

R430-100-15. CHILD NUTRITION.

(1) If food service is provided:

(a) The provider shall ensure that the center's meal service complies with local health department food service regulations.

Rationale / Explanation

The purpose of this rule is to ensure that food preparation and service are sanitary in order to reduce the possibility of foodborne illness. Minimum standards for food safety are based on scientific data that demonstrate the conditions required to prevent contamination of food with infectious or toxic substances that cause foodborne illness.

Enforcement

This item is cited if the provider does not have a current local health department kitchen inspection, or has not corrected any problems noted on their last local health department kitchen inspection.

Always Level 1 Noncompliance.

(1) If food service is provided:

(b) Foods served by centers not currently participating and in good standing with the USDA Child and Adult Care Food Program (CACFP) shall comply with the nutritional requirements of the CACFP. The licensee shall either use standard Department-approved menus, menus provided by the CACFP, or menus approved by a registered dietician. Dietitian approval shall be noted and dated on the menus, and shall be current within the past 5 years.

Rationale / Explanation

Nourishing food is the cornerstone for children's health, growth, and development. Because young children grow and develop more rapidly during the first few years of life than at any other time, they must be provided food that is adequate in amount and type to meet their basic metabolic, growth, and energy needs. The CACFP regulations, policies, and guidance materials on meal requirements provide the basic guidelines for good nutrition. CFOC, pgs. 149-150 Standards 4.001, 4.002

Enforcement

Always Level 2 Noncompliance.

(1) If food service is provided:

(c) Centers not currently participating and in good standing with the CACFP shall keep a six week record of foods served at each meal or snack.

Rationale / Explanation

The purpose of this rule is to verify that foods actually served to children by centers not participating in CACFP meet children's basic nutritional requirements. CFOC, pgs. 149-150 Standards 4.001, 4.002

Enforcement

The six week record of foods served at each meal must be dated, so that licensors can determine which foods

were served on which dates.

Always Level 3 Noncompliance.

(1) If food service is provided:

(d) The provider shall post the current week's menu for parent review.

Rationale / Explanation

Making menus available to parents by posting them in a prominent area helps to inform parents about proper nutrition, and allows parents to know if a food is being served that their child has an allergy to. It also allows parents to plan meals at home that do not duplicate what the child ate at the center that day. CFOC, pgs. 152-153 Standard 4.008

Enforcement

Always Level 3 Noncompliance.

(2) The provider shall offer meals or snacks at least once every three hours.

Rationale / Explanation

Young children need to be fed often. Appetite and interest in food varies from one meal or snack to the next. To ensure that the child's daily nutritional needs are met, small feedings of nourishing food should be scheduled over the course of a day. Snacks should be nutritious, as they often are a significant part of a child's daily intake of food. CFOC, pgs. 150-151 Standard 4.003

Enforcement

The three hour period goes from one meal start time to the next meal start time. For example, if a center serves lunch from 12:00 – 12:30, an afternoon snack would need to be served by 3:00 pm. If a center has an extended meal period (if, for example, breakfast is served from 6 am until 8 am, depending on when children arrive), then the provider needs to have a way to ensure that children who arrive when the center opens and eat at 6 am are offered something to eat again by 9 am.

For centers who provide late evening or overnight care, meals or snacks do not need to be served every three hours after children have gone to bed for the night.

Level 1 Noncompliance: If a child goes more than four hours without being given a meal or snack.

Level 2 Noncompliance: If child goes more than three hours but less than 4 hours without being given a meal or snack.

(3) The provider shall serve children's food on dishes, napkins, or sanitary high chair trays, except for individual serving size items, such as crackers, if they are placed directly in the children's hands. The provider shall not place food on a bare table.

Rationale / Explanation

Using clean food service dishes and utensils prevents the spread of microorganisms that can cause disease. The surfaces that are in contact with food must be sanitary. Food should not be put directly on the table surface for two reasons. First, even washed and sanitized tables are more likely to be contaminated than washed and sanitized dishes or disposable plates. Second, learning to eat from plates reduces contamination of the table surface when children put down their partially eaten food while they are eating. CFOC, pgs. 165-166 Standard 4.219

Highchair trays function as plates for seated children. Therefore, they should be washed and sanitized the same way as plates and other food service utensils. CFOC, pgs. 165-166 Standard 4.219

Enforcement

Always Level 3 Noncompliance.

(4) The provider shall post a list of children's food allergies and sensitivities in the food preparation area, and shall ensure that caregivers who serve food to children are aware of this information for the children in their assigned group.

Rationale / Explanation

Food allergies are common, occurring in between two and eight percent of infants and children. Food allergic reactions can range from mild skin or gastrointestinal symptoms to severe, life-threatening reactions with respiratory and/or cardiovascular compromise. Deaths from food allergies are being reported in increasing numbers. For all of these reasons, vigilant efforts to avoid exposure to the offending foods are necessary. CFOC, pgs. 154-155 Standard 4.010

Posting children's allergies does not violate HIPPA privacy regulations as long as the parent has given their permission for their child's allergy information to be posted and communicated to staff.

Enforcement

Always Level 1 Noncompliance.

(5) The provider shall ensure that food and drink brought in by parents for an individual child's use is labeled with the child's full name, and refrigerated if needed.

Rationale / Explanation

The purposes of this rule are to ensure that children are not accidently served food brought by another child, and to ensure that food brought from home does not cause foodborne illness. Foodborne illness and poisoning is a common occurrence when food has not been properly refrigerated and covered. Although many of these illnesses are limited to vomiting and diarrhea, some are life-threatening. CFOC, pg. 169 Standard 4.040

Enforcement

Always Level 2 Noncompliance.

R430-100-16. INFECTION CONTROL.

(1) Staff shall wash their hands thoroughly for at least 20 seconds with liquid soap and warm running water at the following times:

- **(a) before handling or preparing food or bottles;**
- **(b) before and after eating meals and snacks or feeding children;**
- **(c) before and after diapering a child;**
- **(d) after using the toilet or helping a child use the toilet;**
- **(e) before administering medication;**
- **(f) after coming into contact with body fluids, including breast milk;**
- **(g) after playing with or handling animals;**
- **(h) when coming in from outdoors; and**
- **(i) after cleaning or taking out garbage.**

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024

Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, pgs. 97-98 Standard 3.020

Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:

- *in human waste (urine, stool)*
- *in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)*
- *through cuts or skin sores*
- *by direct skin-to-skin contact*
- *by touching an object that has germs on it*
- *in drops of water that travel through the air, such as those produced by sneezing or coughing. CFOC, pgs. 97-98 Standard 3.020*

Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, pgs. 97-98 Standard 3.020

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.

Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily

contaminated with pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, pgs. 98-99 Standard 3.021

Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, pgs. 98-99 Standard 3.021

Enforcement

In classrooms without a sink, caregivers may use hand sanitizer after wiping children's noses.

Level 1 Noncompliance: If required handwashing does not take place for diapering, toileting, and food preparation (a) – (f). If handwashing does not take place before and after diapering a child (c), do not cite this rule. Instead, cite R430-23(7).

Level 2 Noncompliance: If required handwashing does not take place for (g) – (i).

(2) The provider shall ensure that children wash their hands thoroughly for at least 20 seconds with liquid soap and warm running water at the following times:
- **(a) before and after eating meals and snacks;**
- **(b) after using the toilet;**
- **(c) after coming into contact with body fluids;**
- **(d) after playing with animals; and**
- **(e) when coming in from outdoors.**

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024

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Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:
- *in human waste (urine, stool)*
- *in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)*
- *through cuts or skin sores*
- *by direct skin-to-skin contact*
- *by touching an object that has germs on it*
- *in drops of water that travel through the air, such as those produced by sneezing or coughing.*

CFOC, pgs. 97-98 Standard 3.020

Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, pgs. 97-98 Standard 3.020

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.

Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with Pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, pgs. 98-99 Standard 3.021

Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, pgs. 98-99 Standard 3.021

Enforcement

Level 1 Noncompliance: If required handwashing does not take place for (a) – (c).

Level 2 Noncompliance: If required handwashing does not take place for (d) and (e).

(3) Only single use towels from a covered dispenser or an electric hand-drying device may be used to dry hands.

Rationale / Explanation

Shared hand drying towels can transmit infectious disease. Preventing shared use of individual towels assigned to a single child is difficult. The use of a cloth towel roller is not recommended for two reasons. First, children often use cloth roll dispensers improperly, resulting in more than one child using the same section of towel. And second, incidents of accidental strangulation in these devices have been reported. CFOC, pgs. 98-99 Standard 3.021

Enforcement

Always Level 2 Noncompliance.

(4) The provider shall ensure that toilet paper is accessible to children, and that it is kept on a dispenser.

Rationale / Explanation

The purpose of this rule to prevent the spread of disease through fecal matter. If toilet paper is not on a dispenser, children pick it up with hands that may be contaminated with fecal matter, which remains on the roll and is transferred to the next child when he or she picks the roll up. CFOC, pgs. 227-228 Standard 5.096

Enforcement

Level 1 Noncompliance: If a toilet has no toilet paper, and there are no spare rolls of toilet paper available in the facility. Or, if toilet paper is not kept on a dispenser.

Level 2 Noncompliance: If a toilet has no toilet paper, but there are spare rolls of toilet paper available in the facility.

(5) The provider shall post handwashing procedures at each handwashing sink, and they shall be followed.

Rationale / Explanation

The purpose of the rule is so that staff and children have visual handwashing reminders at each sink. Pictures of the steps to proper handwashing remind children who cannot yet read what the proper handwashing steps are.

Enforcement

Always Level 3 Noncompliance.

(6) Caregivers shall teach children proper hand washing techniques and shall oversee hand washing whenever possible.

Rationale / Explanation

Children need to be taught effective handwashing procedures, and helped to use them in actual practice. This will help to ensure that proper handwashing takes place at needed times. For more information on the importance of proper handwashing, see numbers (1) and (2) above. CFOC, pgs. 99-100 Standards 3.022, 3.023

Enforcement

Always Level 3 Noncompliance.

(7) Personal hygiene items such as toothbrushes, or combs and hair accessories that are not sanitized between each use, shall not be shared by children or used by staff on more than one child, and shall be stored so that they do not touch each other.

Rationale / Explanation

Respiratory, gastrointestinal, and skin infections such as lice, scabies, and ringworm, are among the most common infectious diseases in child care. These diseases are transmitted by direct skin-to-skin contact and by sharing personal items such as combs, brushes, towels, clothing, and bedding. Toothbrushes are contaminated with infectious agents from the mouth and must not be allowed to serve as a conduit of infection from one child to another. CFOC, pgs. 226-227 Standards 5.094, 5.095

Enforcement

Level 2 Noncompliance: If toothbrushes are shared, or stored so they touch each other.

Level 3 Noncompliance: For all items except toothbrushes.

(8) The provider shall clean and sanitize all washable toys and materials weekly, or more often if necessary.

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can wash and sanitize the surfaces. CFOC, pgs. 108-109 Standard 3.036; pgs. 104-105 Standard 3.028

Enforcement

This rule should be cited if toys or materials are visibly dirty during an inspection, or if the provider indicates they do not clean and sanitize all washable toys and materials at least weekly.

Always Level 3 Noncompliance.

(9) Stuffed animals, cloth dolls, and dress-up clothes must be machine washable. Pillows must be machine washable, or have removable covers that are machine washable. The provider shall wash stuffed animals, cloth dolls, dress-up clothes, and pillows or covers weekly.

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. CFOC, pgs. 108-109 Standard 3.036; pgs. 104-105 Standard 3.028

Many allergic children have allergies to dust mites, which are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Dust mites live in fabric, but can be killed by frequent washing and drying in a heated dryer. CFOC, pgs. 107-108 Standard 3.034

Lice, scabies, and ringworm can also be spread through fabrics. CFOC, pg. 110 Standard 3.039; pgs. 226-227 Standard 5.094

Enforcement

This rule should be cited if these items are visibly dirty during an inspection, or if the provider indicates they do not wash them at least weekly.

Always Level 3 Noncompliance.

(10) If water play tables or tubs are used, they shall be washed and sanitized daily, and children shall wash their hands prior to engaging in the activity.

R430-100-16. INFECTION CONTROL.

Rationale / Explanation

The purpose of this rule is to avoid the spread of disease as multiple children's hands play in the water in water tables. Contamination of hands, toys, and equipment in the room where water play tables are located plays a role in the transmission of disease in child care settings. CFOC, pgs. 224-225 Standard 5.091

Enforcement

Always Level 3 Noncompliance.

(11) The licensee shall ensure that all employees are tested for tuberculosis (TB) within two weeks of hire by an acceptable skin testing method and follow-up.

Rationale / Explanation

Tuberculosis (TB) is a serious, contagious disease that can be spread from human-to-human long before the infected person realizes that they are infectious. There has been a dramatic rise in the incidence of TB in recent years, due to factors such as increased immigration from countries with high rates of TB, increases in foreign travel (which increases exposure), and an increased number of individuals who suffer from immune deficiency disorders which make them particularly susceptible to acquiring and spreading TB.

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, pgs. 291 -292 Standard6.014; pgs. 36-37 Standard 1.045

Enforcement

Level 1 Noncompliance: If there is no record of a test being done, and the caregiver is a recent immigrant.

Level 3 Noncompliance: If there is no record of a test being done, but the caregiver is not a recent immigrant.

(12) If the TB test is positive, the caregiver shall provide documentation from a health care provider detailing:
- **(a) the reason for the positive reaction;**
- **(b) whether or not the person is contagious; and**
- **(c) if needed, how the person is being treated.**

(13) Persons with contagious TB shall not work or volunteer in the center.

Rationale / Explanation

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, pgs. 291 -292 Standard6.014; pgs. 36-37 Standard 1.045

Enforcement

Always Level 1 Noncompliance.

(14) An employee having a medical condition which contra-indicates a TB test must provide documentation from a health care provider indicating they are exempt from testing, with an associated time frame, if applicable. The provider shall maintain this documentation in the employee's file.

Rationale / Explanation

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. CFOC, pgs. 291 -292 Standard6.014; pgs. 36-37 Standard 1.045

Enforcement

Always Level 2 Noncompliance.

(15) Children's clothing shall be changed promptly if they have a toileting accident.

Rationale / Explanation

Containing and minimizing the handling of soiled clothing so it does not contaminate other surfaces is essential to prevent the spread of infectious disease. Soiled clothing can spread infectious disease agents as children play, walk around, or sit in classroom areas wearing wet or soiled clothing. Children can also get a skin rash from being in wet or soiled clothing too long. CFOC, pg. 96 Standard 3.018

This rule is also intended to minimize the embarrassment of children who have toileting accidents.

Enforcement

Always Level 2 Noncompliance.

(16) Children's clothing which is wet or soiled from body fluids:
- **(a) shall not be rinsed or washed at the center; and**
- **(b) shall be placed in a leakproof container, labeled with the child's name, and returned to the parent.**

Rationale / Explanation

Containing and minimizing the handling of soiled clothing so it does not contaminate other surfaces is essential to prevent the spread of infectious disease. Rinsing soiled clothing or putting stool into a toilet in the child care center increases the likelihood that other surfaces will be contaminated. CFOC, pg. 96 Standard 3.018

Enforcement

Plastic grocery bags are not considered a leakproof container. Many contain holes for ventilation, and the top of the bag is not leakproof even when it is tied in a knot.

Always Level 2 Noncompliance.

(17) If the center uses potty chairs, the provider shall clean and disinfect them after each use.

R430-100-16. INFECTION CONTROL.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease through fecal matter or the growth of disease-causing microorganisms in urine or stool that sit in potty chairs over time. It is also necessary in order to prevent naturally curious toddlers from playing in urine or feces that may be in potty chairs after they are used. CFOC, pg. 105 Standard 3.029

Because of the difficulties in the sanitary handling of potty chairs, the American Academy of Pediatrics and the American Public Health Association recommend that they not be used.

Enforcement

Always Level 1 Noncompliance.

(18) Staff who prepare food in the kitchen shall not change diapers or assist in toileting children.

Rationale / Explanation

The possibility of involving a large number of people in a foodborne illness outbreak is great in child care centers. Staff who diaper children or assist in toileting children are frequently exposed to feces and to children with infections of the intestines (often with diarrhea). If these same staff members then cook food that is served throughout the center, they risk spreading foodborne illness throughout the center. In addition, cooking large volumes of food requires special caution to avoid contamination of the food with even small amounts of infectious material. Larger quantities of food take longer to heat or cool to safe temperatures, and thus spend more time in the danger of temperature zones between 40 and 140 degrees Fahrenheit where more rapid multiplication of microorganisms occurs. CFOC, pgs. 173-174 Standard 4.051

Enforcement

This rule is cited when a staff member who is normally assigned cooking duties goes into a diapered group of children to assume caregiving duties. If a staff member who is normally assigned caregiving duties for diapered children goes into the kitchen to prepare food for people outside of their assigned group of children, cite R430-100-23(13), not this rule.

*If needed, a staff person may cook immediately upon coming into the center each day, and after cooking move to caregiving duties in a classroom in which they change diapers or assist in toileting children, provided they **do not** go back to cooking or working in the kitchen at any time during the day **after** they have assumed these caregiving duties.*

Always Level 1 Noncompliance.

(19) The center shall have a portable body fluid clean up kit.
- **(a) All staff shall know the location of the kit and how to use it.**
- **(b) The provider shall use the kit to clean up spills of body fluids.**
- **(c) The provider shall restock the kit as needed.**

Rationale / Explanation

Children and adults may unknowingly be infected with infectious agents such as hepatitis B, HIV, or other

infectious agents found in blood. Blood and body fluids containing blood (such as water discharges from injuries) pose the highest potential risk, because bloody body fluids contain the highest concentration of viruses. In addition, the hepatitis B virus can survive in a dried state for at least a week and perhaps even longer. Some other body fluids such as saliva contaminated with blood or blood-associated fluids may contain live viruses but at lower concentrations than are found in blood itself. Many other types of infectious germs may be contained in human waste and other body fluids. Because many people carry such communicable diseases without having symptoms, and many are contagious before they experience symptoms, adults and children alike need to be protected by following safe procedures for handling body fluids. CFOC, pgs. 101-102 Standard 3.026; pgs. 28-29 Standard 1.033

Suggested contents for a body fluid clean up kit include:

(1) disposable gloves;
(2) clumping cat litter, sawdust, or other absorbent material;
(3) plastic garbage bags with ties or fasteners;
(4) a plastic scoop and dustpan, or other tools to clean up absorbed body fluids;
(5) paper towels; and
(6) disinfectant.

See CFOC, pg. 419 Appendix J for an instruction page on proper clean up of body fluids. See CFOC, pg. 412 Appendix D for information on removing disposable gloves after cleaning up body fluids.

Enforcement

Always Level 2 Noncompliance.

(20) The center shall not care for children who are ill with an infectious disease, except when a child shows signs of illness after arriving at the center.

Rationale / Explanation

Secondary spread of infectious disease has been proven to occur in child care. Removal of children known or suspected of contributing to an outbreak will help to limit transmission of the disease by preventing the development of new cases. CFOC, pgs. 124-129 Standards 3.065, 3.066, 3.067; pgs. 140-141 Standard 3.087

Symptoms which may indicate an infectious disease include:

(1) a fever of 101 degrees or higher for infants younger than 4 months of age, or a fever of 102 or greater for children age 4 months and older
(2) an unexplained rash
(3) irritability
(4) lethargy
(5) a persistent cough
(6) vomiting
(7) diarrhea
(8) infected eyes with discharge

Enforcement

Level 1 Noncompliance, except for children with colds.

R430-100-16. INFECTION CONTROL.

Level 3 Noncompliance for children with colds.

(21) The provider shall separate children who develop signs of an infectious disease after arriving at the center from the other children in a safe, supervised location.

(22) The provider shall contact the parents of children who are ill with an infectious disease and ask them to immediately pick up their child. If the provider cannot reach the parent, the provider shall contact the individuals listed as emergency contacts for the child and ask them to pick up the child.

Rationale / Explanation

The purpose of these rules is to prevent ill children from spreading infectious disease to other children. In addition, ill children are often too sick to participate comfortably in regular classroom activities. CFOC, pgs. 124-129 Standards 3.065, 3.066, 3.067; pgs. 140-141 Standard 3.087

Enforcement

Level 1 Noncompliance, except for children with colds.

Level 3 Noncompliance for children with colds.

(23) The provider shall notify the local health department, on the day of discovery, of any reportable infectious diseases among children or caregivers, or any sudden or extraordinary occurrence of a serious or unusual illness, as required by the local health department.

Rationale / Explanation

Reporting infectious disease to the local health department provides the department with knowledge of illnesses within the community and allows them to offer preventive measures to children and families exposed to an outbreak of disease. CFOC, pg. 141 Standard 3.088

The following is a sample of diseases which may be required to be reported to local health departments. Providers should check with the local health department in their area for exact reporting requirements.

- *Chickenpox*
- *Diarrheal diseases, if two or more children or staff members in one classroom experience diarrhea within a 48 hour period.*
- *Diphtheria*
- *Giardiasis*
- *Hepatitis A, B, and C*
- *HIV and AIDS*
- *Influenza*
- *Measles*
- *Meningococcal infections*
- *Mumps*
- *Rubella*
- *Sexually transmitted diseases*
- *Shigellosis*
- *Viral Meningitis*
- *Whooping Cough*

R430-100-16. INFECTION CONTROL.

A good free informational guide for centers on controlling communicable diseases in child care centers can be found and printed at:

http://health.utah.gov/epi/cdepi/daycarebook.pdf

This guide is published by the Utah Department of Health, Office of Epidemiology. It includes:

- *A parent letter than can be copied and filled in whenever a provider needs to notify parents of a communicable disease.*
- *A one page fact sheet on each disease that can be posted at the center, given to parents, or used in staff training. These fact sheets include:*
  - *Incubation period*
  - *Signs and symptoms*
  - *Methods of transmission*
  - *Minimum control measures*
  - *Guidelines for exclusion of ill children from a child care program.*
  - *Information on body substance clean up.*
  - *A listing of all local health departments.*

Enforcement

Always Level 3 Noncompliance.

(24) The provider shall post a parent notice at the center when any staff or child has an infectious disease or parasite.

(a) The provider shall post the notice in a conspicuous location where it can be seen by all parents.

(b) The provider shall post and date the notice the same day the disease or parasite is discovered, and the notice shall remain posted for at least 5 days.

Rationale / Explanation

Notification of parents also allows them to closely observe their child for early signs and symptoms of illness. Early identification and treatment of infectious disease are important in reducing further transmission of the disease. CFOC, pgs. 1139-140 Standard 3.085

The purpose for leaving the notice posted for 5 days is so that parents of children who do not attend every day see the notice.

When posting notices, the center should be careful to maintain confidentiality by not posting the names of sick children. The informational guide found at: ***http://health.utah.gov/epi/cdepi/daycarebook.pdf*** *contains a parent letter than can be copied and filled in whenever a provider needs to notify parents of a communicable disease, and a one page fact sheet on each disease that can be posted at the center and given to parents.*

Enforcement

Posting the notice of illness on a computerized sign-in program so that all parents automatically see it when they sign their children in and out meets the requirement of this rule.

Always Level 2 Noncompliance.

R430-100-17. MEDICATIONS.

(1) If medications are given, they shall be administered to children only by a provider trained in the administration of medications.

Rationale / Explanation

The purpose of this rule is to avoid harm to children through errors in administering medications. CFOC, pg. 138 Standard 3.083

Enforcement

Level 1 Noncompliance: If an untrained caregiver gives an unusual medication (epi pen, nebulizer, etc.)

Level 3 Noncompliance otherwise.

(2) All over-the-counter and prescription medications shall:
- **(a) be labeled with the child's name;**
- **(b) be kept in the original or pharmacy container;**
- **(c) have the original label; and,**
- **(d) have child-safety caps.**

Rationale / Explanation

The purposes of this rule are to avoid harm to children through errors is administering medications, and to prevent children from getting into and ingesting medications by themselves. CFOC, pg. 138 Standard 8.082

Enforcement

Always Level 1 Noncompliance.

(3) All non-refrigerated medications shall be inaccessible to children and stored in a container or area that is locked, such as a locked room, cupboard, drawer, or a lockbox. The provider shall store all refrigerated medications in a covered container with a tight fitting lid.

Rationale / Explanation

The purpose of this rule is to prevent children from getting into and ingesting medications by themselves. CFOC, pg. 138 Standard 8.082

Enforcement

For the purposes of storing medications, "locked" can include a cupboard or drawer that is secured with a child safety lock.

Always Level 1 Noncompliance.

(4) The provider shall have a written medication permission form completed and signed by the parent prior to administering any over-the-counter or prescription medication to a child. The permission form must include:
- **(a) the name of the medication;**

(b) written instructions for administration; including:
- **(i) the dosage;**
- **(ii) the method of administration;**
- **(iii) the times and dates to be administered; and**
- **(iv) the disease or condition being treated; and**

(c) the parent signature and the date signed.

Rationale / Explanation

The purpose of this rule is to protect both providers and children by ensuring that medication is never given to a child without written parental permission. CFOC, pgs. 137-138 Standard 3.081; pgs. 363-364 Standard 8.051

A medication's method of administration means the way the medication is given. For example: orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nasally).

For the purposes of this rule, medications do not include topical antiseptic from a first aid kit, diaper cream, sunscreen, baby powder, or baby lotion.

Enforcement

Always Level 1 Noncompliance.

(5) If the provider keeps over-the-counter medication at the center that is not brought in by a parent for their child's use, the medication shall not be administered to any child without prior parental consent for each instance it is given.

Rationale / Explanation

The purpose of this rule is to protect both providers and children by ensuring that medication is never given to a child without parental knowledge and permission. CFOC, pgs. 137-138 Standard 3.081; pgs. 363-364 Standard 8.051

Enforcement

Always Level 1 Noncompliance.

(6) If the provider chooses not to administer medication as instructed by the parent, the provider shall notify the parent of their refusal to administer the medication prior to the time the medication needs to be given.

Rationale / Explanation

The purpose for this rule is so that parents do not drop a child off at the center thinking their child will be given medication as requested, if the child will in fact not be given the medication.

Enforcement

Level 1 Noncompliance: If the condition being treated could be life threatening.

R430-100-17. MEDICATIONS.

Level 2 Noncompliance otherwise.

(7) When administering medication, the provider administering the medication shall:
- **(a) wash their hands;**
- **(b) check the medication label to confirm the child's name;**
- **(c) compare the instructions on the parent release form with the directions on the prescription label or product package to ensure that a child is not given a dosage larger than that recommended by the health care provider or the manufacturer;**
- **(d) administer the medication; and**
- **(e) immediately record the following information:**
  - **(i) the date, time, and dosage of the medication given;**
  - **(ii) the signature or initials of the provider who administered the medication; and,**
  - **(iii) any errors in administration or adverse reactions.**

Rationale / Explanation

The purpose of this rule is to avoid harm to children by ensuring that medications are properly administered. CFOC, pg. 138 Standard 3.083

Enforcement

Level 1 Noncompliance: If the provider does not follow (b), (c), or (d), or if the provider never records the information required in (e).

Level 2 Noncompliance: If the provider does not follow (a), or records the information required in (e), but not immediately.

(8) The provider shall report any adverse reaction to a medication or error in administration to the parent immediately upon recognizing the error or reaction, or after notifying emergency personnel if the reaction is life threatening.

Rationale / Explanation

The purpose of this rule is to avoid additional harm to children by ensuring that any adverse medication reaction or administration error is dealt with immediately, including by emergency personnel if needed. CFOC, pg. 138 Standard 3.083

Enforcement

Always Level 1 Noncompliance.

(9) The provider shall not keep medications at the center for children who are no longer enrolled.

Rationale / Explanation

The purpose of this rule is to reduce the likelihood of a child accidently being given a medication that is not prescribed for them.

R430-100-17. MEDICATIONS.

Enforcement

Always Level 3 Noncompliance.

R430-100-18. NAPPING.

(1) The center shall provide children with a daily opportunity for rest or sleep in an environment that provides subdued lighting, a low noise level, and freedom from distractions.

(2) Scheduled nap times shall not exceed two hours daily.

Rationale / Explanation

Most preschool children benefit from scheduled rest periods. This rest may take the form of actual napping, or a quiet time. Children who are overly tired can exhibit behavior problems. School age children should have the opportunity for periods of more restful activities, such as reading or board games. Conditions conducive to rest and sleep include a quiet place, a regular time for rest, and a consistent caregiver. CFOC, pgs. 88-89 Standard 3.008

The purpose of limiting scheduled nap times to two hours is so that children are not forced to lie still on a mat when they are no longer tired or in need of rest.

Enforcement

Children who are tired may sleep more than two hours, but awake children should not be forced to remain on a cot or mat beyond the scheduled nap time, not to exceed two hours.

Always Level 3 Noncompliance.

(3) A separate crib, cot, or mat shall be used for each child during nap times.

Rationale / Explanation

Lice, scabies, and ringworm are among the most common infectious diseases in child care. These diseases can be spread if children share sleeping equipment. Providing separate sleeping equipment and bedding for each child, and storing it separately, can prevent the spread of these diseases. CFOC, pg. 110 Standard 3.039; pgs. 226-227 Standard 5.094

Providing separate sleeping equipment also prevents young children from injuring one another or spreading disease by breathing directly into each other's faces during rest time. CFOC, pgs. 246-247 Standard 5.144

Enforcement

Level 1 Noncompliance: If a separate crib, cot, or mat is not used with infants and toddlers.

Level 2 Noncompliance: If a separate crib, cot, or mat is not used with children other than infants and toddlers.

(4) Mats and mattresses used for napping shall be at least 2 inches thick and shall have a smooth, waterproof surface.

Rationale / Explanation

Mats and mattresses need smooth waterproof surfaces so they can be adequately cleaned and disinfected. CFOC, pg. 110 Standard 3.040

Mats should be at least 2 inches thick for children's comfort.

R430-100-18. NAPPING.

Enforcement

Level 2 Noncompliance: If a mat or mattress can't be disinfected (if it doesn't have a smooth, waterproof surface).

Level 3 Noncompliance: If a mat or mattress is not at least 2" thick.

(5) The provider shall maintain sleeping equipment in good repair.

Rationale / Explanation

The purpose of this rule is to prevent injury to children from broken equipment, and to ensure that equipment remains able to be effectively cleaned and disinfected.

Enforcement

Always Level 2 Noncompliance.

(6) If sleeping equipment is clearly assigned to and used by an individual child, the provider must clean and disinfect it as needed, but at least weekly.

(7) If sleeping equipment is not clearly assigned to and used by an individual child, the provider must clean and disinfect it prior to each use.

(8) The provider must either store sleeping equipment so that the surfaces children sleep on do not touch each other, or else clean and disinfect sleeping equipment prior to each use.

(9) A sheet and blanket or acceptable alternative shall be used by each child during nap time. These items shall be:

- **(a) clearly assigned to one child;**
- **(b) stored separately from other children's when not in use; and,**
- **(c) laundered as needed, but at least once a week, and prior to use by another child.**

Rationale / Explanation

Lice, scabies, and ringworm are among the most common infectious diseases in child care. These diseases can be spread if the sleeping equipment and bedding children use are stored together. Providing separate sleeping equipment and bedding for each child, and storing it separately, can prevent the spread of these diseases. CFOC, pg. 110 Standard 3.039; pgs. 226-227 Standard 5.094

Enforcement

Always Level 2 Noncompliance.

(10) The provider shall space cribs, cots, and mats a minimum of 2 feet apart when in use, to allow for adequate ventilation, easy access, and ease of exiting.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend a distance of at least 3 feet between children's sleeping equipment, to reduce the spread of infectious diseases by children breathing in one another's faces during sleep. Adequate spacing between sleeping equipment is also necessary

to facilitate evacuation of sleeping children in case of an emergency. CFOC, pgs. 246-247 Standard 5.144

Enforcement

*If a classroom does not have the space needed to place mats or cots 2 feet apart, mats may be placed 1 foot apart and children placed head to toe on alternating mats so that they are not breathing into each other's faces, and there are at least 2 feet of space between their faces. When this is done, there must still be at least 1 foot of space between mats or cots to allow an adult to access children quickly in case of an emergency evacuation, and **rows** of mats or cots still need to be placed 2 feet apart, so that children from one row are not breathing less than 2 feet from the faces of the children in the row above or below them.*

Cribs may be spaced end to end if the end of the crib is solid (wood, plexiglass, etc), so that children do not breath on each other. When this is done enough space must still be maintained on at least one side of the crib for caregivers to have quick and easy access to children in case of an emergency.

Level 1 Noncompliance: If there is not at least 1 foot between cribs, mats, or cots.

Level 2 Noncompliance: If there is at least 1 foot between the sleeping equipment, but children's faces are not 2 feet apart.

(11) Cots and mats may not block exits.

Rationale / Explanation

The purpose of this rule is to allow quick exit from the building in the event of an emergency, and to avoid sleeping children getting stepped on by people exiting or entering the room. CFOC, pgs. 194-195 Standard 5.019

Enforcement

Always Level 1 Noncompliance.

R430-100-19. CHILD DISCIPLINE.

(1) The provider shall inform caregivers, parents, and children of the center's behavioral expectations for children.

Rationale / Explanation

The purpose of this rule is to ensure that all parties involved, including parents, children, and caregivers understand the center's behavioral expectations. Children cannot be expected to conform to behavioral expectations if they do not know what those expectations are. CFOC, pg. 64 Standard 2.039; pgs. 335-336 Standard 8.005

Enforcement

Always Level 3 Noncompliance.

(2) The provider may discipline children using positive reinforcement, redirection, and by setting clear limits that promote children's ability to become self-disciplined.

Rationale / Explanation

The word "discipline" originates from a Latin root that implies learning and education. The modern dictionary defines discipline as "training that develops self-control, character, or orderliness and efficiency." Unfortunately, common usage has corrupted the word so that many consider discipline synonymous with punishment, most particularly corporal punishment. CFOC, pg. 64 Standard 2.039

Discipline is most effective when it is consistent, recognizes and reinforces desired behaviors, and offers natural consequences (for example, when a child breaks a toy, the toy no longer works) and logical consequences (for example, not being able to play in the sandbox for a period of time as a consequence for throwing sand) for negative behaviors. Research studies have found that corporal punishment has limited effectiveness and potentially harmful side effects. Time out should not be used with infants and toddlers because they are too young to cognitively understand this consequence. CFOC, pg. 64 Standard 2.039

Discipline should be an ongoing process of teaching that helps children develop inner control so that they can manage their own behavior in a socially acceptable manner. Children must be given understandable guidelines for their behavior if they are to develop inner control of their actions. The aim of discipline is to develop personal self-discipline. CFOC, pg. 64 Standard 2.039

Appropriate alternatives to corporal punishment vary as children grow and develop. As infants become more mobile, caregivers must create a safe space and impose limitations by encouraging activities that distract or redirect children from harmful situations. Brief verbal expressions of disapproval can help prepare older infants and toddlers for later use of reasoning. However, caregivers cannot expect infants and toddlers to be controlled by verbal reprimands. Preschoolers have begun to develop an understanding of rules and can be expected to understand natural and logical consequences and brief time out (out-of-group activity) as the result of undesirable behavior. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). CFOC, pgs. 65-66 Standard 2.042

(3) Caregivers may use gentle, passive restraint with children only when it is needed to stop children from injuring themselves or others or from destroying property.

R430-100-19. CHILD DISCIPLINE.

Rationale / Explanation

Children in out of home care in the United States have been shown to demonstrate more aggressive behavior than children reared at home or children in child care facilities in other countries. Children mimic adult behavior: adults who demonstrate loud or violent behavior serve as models for children. Caregiver intervention when children behave aggressively protects children and encourages them to exhibit more acceptable behavior. CFOC, pg. 65 Standard 2.040

When a child's behavior makes it necessary, for their own or others' protection, to restrain the child, the most desirable method of restraint is holding the child as gently as possible to accomplish the restraint. The child should not be physically restrained any longer than is necessary to control the situation. No bonds, ties, or straps should be used to restrain children. CFOC, pg. 66 Standard 2.043

(4) Discipline measures shall not include any of the following:

- **(a) any form of corporal punishment such as hitting, spanking, shaking, biting, pinching, or any other measure that produces physical pain or discomfort;**
- **(b) restraining a child's movement by binding, tying, or any other form of restraint that exceeds that specified in Subsection (3) above.**
- **(c) shouting at children;**
- **(d) any form of emotional abuse;**
- **(e) forcing or withholding of food, rest, or toileting; and,**
- **(f) confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.**

Rationale / Explanation

These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, pgs. 65-66 Standard 2.042

Appropriate alternatives to corporal punishment vary as children grow and develop. As infants become more mobile, caregivers must create a safe space and impose limitations by encouraging activities that distract or redirect children from harmful situations. Brief verbal expressions of disapproval can help prepare older infants and toddlers for later use of reasoning. However, caregivers cannot expect infants and toddlers to be controlled by verbal reprimands. Preschoolers have begun to develop an understanding of rules and can be expected to understand natural and logical consequences and brief time out (out-of-group activity) as the result of undesirable behavior. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). CFOC, pgs. 65-66 Standard 2.042

When adults use food to modify behavior, children can come to view eating as a tug-of-war and are more likely to develop lasting food dislikes and unhealthy eating behaviors. CFOC, pg. 169 Standard 4.039

Enforcement

This rule is not intended to prevent a caregiver from shouting to a child in an emergency situation where there is a danger if immanent serious physical harm. For example, to prevent a child from running into

the street.

Always Level 1 Noncompliance.

R430-100-20. ACTIVITIES.

(1) The provider shall post a daily schedule for preschool and school-age groups. The daily schedule shall include, at a minimum, meal, snack, nap/rest, and outdoor play times.

(2) Daily activities shall include outdoor play if weather permits.

Rationale / Explanation

All child care facilities need a written description of the planned daily activities so staff and parents have a common understanding of the services and activities being provided to children. CFOC, pg. 47 Standard 2.001

Outdoor play is not only an opportunity for learning in a different environment. It also provides many health benefits. Generally, infectious disease organisms are less concentrated in outdoor air than in indoor air. Light exposure of the skin to sunlight promotes the production of vitamin D that growing children require. Open spaces in outdoor areas encourage children to develop gross motor skills and fine motor play in ways that are difficult to duplicate indoors. CFOC, pgs. 51-52 Standard 2.009

The posted daily schedule also allows licensors to verify that meals and snacks are served at minimal required intervals, that scheduled nap times do not exceed 2 hours, and that outdoor play is offered daily, weather permitting.

Enforcement

School-age groups do not need to have a scheduled nap time, but should have a scheduled time for quiet activities for children who need a break from busier activities.

Always Level 3 Noncompliance.

(3) The provider shall offer activities to support each child's healthy physical, social-emotional, and cognitive-language development. The provider shall post a current activity plan for parent review listing these activities in preschool and school age groups.

(4) The provider shall make the toys and equipment needed to carry out the activity plan accessible to children.

Rationale / Explanation

The purpose of this rule is to ensure that providers have a plan for supporting children's healthy development, and they communicate this plan to parents. Reviews of children's performance after attending out-of-home child care indicate that children attending facilities with a well-developed plan of activities achieve appropriate levels of development. CFOC, pg. 47 Standard 2.001; pgs. 54-58 Standards 2.014–2.026

Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first ten years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain*, by Rima Shore;* Ten Things Every Child Needs for the Best Start in Life*, the Robert T. McCormick Tribune Foundation;* How a Child's Brain Develops and What it Means for Child Care and Welfare Reform*, Time, February 3, 1997.*

R430-100-20. ACTIVITIES.

Enforcement

The specific activities or kinds of activities a center offers to support children's healthy development are to be determined solely by the licensee, as Utah law prohibits the Department of Health from regulating the educational curricula, academic methods, or educational philosophy or approach of the provider. Licensors may not evaluate the content of a center's activity plans.

This rule will be considered out of compliance if the provider doesn't have a current activity plan posted, or does make the materials needed to carry out the activity plan accessible to children.

Level 2 Noncompliance: If activities or materials are not offered.

Level 3 Noncompliance: If activities and materials are offered, but an activity plan is not posted.

(5) If off-site activities are offered:

(a) the provider shall obtain written parental consent for each activity in advance;

Rationale / Explanation

An off-site activity means any activity in which children leave the center premises. This includes walking field trips. The purpose of this rule is to protect both children and providers by ensuring that children are never taken off-site without written parental permission. CFOC, pgs. 362-363 Standard 8.049

Examples of possible harm when this happens include a child who has a health care need that is not met because their parent didn't know they were being taken on an off-site activity. (For example, if a child with an ear infection is taken swimming.)

Enforcement

Always Level 3 Noncompliance.

(5) If off-site activities are offered:

(b) caregivers shall take written emergency information and releases with them for each child in the group, which shall include:

(i) the child's name;

(ii) the parent's name and phone number;

(iii) the name and phone number of a person to notify in the event of an emergency if the parent cannot be contacted;

(iv) the names of people authorized by the parents to pick up the child; and

(v) current emergency medical treatment and emergency medical transportation releases;

Rationale / Explanation

Injuries are more likely to occur when a child's surrounding or routine changes. Activities outside of the regular facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety rules. Emergency information is the key to obtaining needed care in emergency situations. Both caregivers and emergency personnel must have access to this information in an emergency. CFOC, pgs. 60-61 Standard 2.029; pgs. 359-360 Standard 8.047

R430-100-20. ACTIVITIES.

Enforcement

Level 1 Noncompliance: If a lack of this information results in an emergency situation in which caregivers did not have needed information.

Level 3 Noncompliance otherwise.

(5) If off-site activities are offered:

(c) the provider shall maintain required caregiver to child ratios and direct supervision during the activity;

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. Staff should regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location, or a child wandered off when a door was open. Regular counting of children can alert the staff to a missing child. CFOC, pgs. 58-59 Standard 2.028

Injuries are more likely to occur during off-site activities when a child's surrounding or routine changes. Activities outside of the regular facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety measures unless they are closely supervised at all times. CFOC, pgs. 60-61 Standard 2.029

For a full rationale /explanation of the required caregiver to child ratios, see R430-100-11(4) above.

Enforcement

Supervision:

Always Level 1 Noncompliance.

Ratios:

Level 1 Noncompliance:

- *Infant/toddler groups: over ratio by any amount*
- *Twos: over ratio by 2 or more children*
- *Threes & Fours: over ratio by 4 or more children*
- *Fives & School Age: over by 6 or more children*

Level 2 Noncompliance:

- *Twos: over ratio by 1 child*
- *Threes & Fours: over ratio by 3 children*
- *Fives & School Age: over ratio by 4-5 children*

Level 3 Noncompliance:

- *Threes & Fours: over ratio by 1-2 children*
- *Fives & School Age: over ratio by 1-3 children*

(5) If off-site activities are offered:

(d) at least one caregiver present shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification;

Rationale / Explanation

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC, pgs. 21-22 Standard 1.026; pgs. 60-61 Standard 2.029

Enforcement

Always Level 1 Noncompliance.

(5) If off-site activities are offered:

(e) children shall wear or carry with them the name and phone number of the center, but children's names shall not be used on name tags, t-shirts, or other identifiers; and

Rationale / Explanation

The purpose of this rule is so that the center can be contacted if a child becomes lost while on a field trip and the group cannot be found at the field trip site. The purpose of not using children's names on identifiers is so that strangers cannot call a child by his or her name. Children may be more likely to respond to a stranger who approaches them if the stranger calls the child by their name.

Enforcement

Level 1 Noncompliance: If a child becomes lost and does not have this information, or if a child is abducted and their name was used on their identifier.

Level 3 Noncompliance otherwise.

(5) If off-site activities are offered:

(f) caregivers shall provide a way for children to wash their hands as specified in R430-100-16(2). If there is no source of running water, caregivers and children may clean their hands with wet wipes and hand sanitizer.

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024

Washing hands after eating is especially important for children who eat with their hands, to decrease the amount

of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, pgs. 97-98 Standard 3.020

For more information on handwashing, see R430-100-16(1) above.

Enforcement

Always Level 2 Noncompliance.

(6) If swimming activities are offered, caregivers shall remain with the children during the activity, and lifeguards and pool personnel shall not count toward the caregiver to child ratio.

Rationale / Explanation

Constant vigilant supervision of children near any body of water is essential. Each year approximately 1,500 children under age 20 drown, many in swimming pools. In a comprehensive study of drowning and submersion incidents involving children under 5 years of age, the Consumer Product Safety Commission found that pool submersions involving children happen quickly. Seventy-seven percent of the victims had been missing from sight for 5 minutes or less, and splashing often did not occur to alert anyone that the child was in trouble. Careful supervision is also needed to ensure that children do not engage in dangerous behavior around swimming pools. CFOC, pgs. 112-114 Standards 3.045, 3.046

Enforcement

Always Level 1 Noncompliance.

R430-100-21. TRANSPORTATION.

(1) Any vehicle used for transporting children shall:

(a) be enclosed;

Rationale / Explanation

The purpose of this rule is to ensure that children are not at risk for falling out of an open vehicle while it is in motion, or being thrown from the vehicle in an accident.

Enforcement

Always Level 1 Noncompliance.

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(1) Any vehicle used for transporting children shall:

(b) be equipped with individual, size appropriate safety restraints, properly installed and in working order, for each child being transported;

Rationale / Explanation

The purpose of this rule is to prevent children from being killed in an automobile accident. Motor vehicle crashes are the leading cause of death of children in the United States, and children who are not buckled in appropriate restraints are 11 time more likely to die in a crash than children who are properly restrained. CFOC, pgs. 61-62 Standard 2.033; pgs. 274-275 Standard 5.236

"Safety restraints" refers to seat belts, car seats, booster seats, etc. used individually, and as required by Utah law.

Enforcement

If the vehicle is equipped with individual, size appropriate safety restraints, but they are not used, or not used individually for each child, cite R430-100-21(3)(c), not this rule.

Always Level 1 Noncompliance.

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(1) Any vehicle used for transporting children shall:

(c) have a current vehicle registration and safety inspection;

(d) be maintained in a safe and clean condition;

Rationale / Explanation

The purpose of this rule is to ensure that children are transported in a safe vehicle that meets all legal requirements for the operation of a vehicle in Utah. CFOC, pg. 274 Standard 5.235; pg. 276 Standard 5.240

Enforcement

No vehicle used by multiple children can be expected to be free of all debris. Maintaining vehicles in clean condition should allow for normal daily use. This rule applies to situations in which there is a buildup of dirt or debris such that it endangers children's health or safety. For example, if there is so much debris that it causes a tripping hazard, or if there is a buildup of soil, food, or other debris that provides a place where disease-causing bacteria can grow.

R430-100-21. TRANSPORTATION.

Level 1 Noncompliance: If the vehicle has safety problems or doesn't have a current registration.

Level 3 Noncompliance: If the vehicle is not clean.

(1) Any vehicle used for transporting children shall:

(e) maintain temperatures between 60-90 degrees Fahrenheit when in use;

Rationale / Explanation

Some children have problems with temperature variations. Whenever possible, opening windows to provide fresh air to cool a hot interior is preferable before using air conditioning. Over-use of air conditioning can increase problems with respiratory infections and allergies. Excessively high temperatures in vehicles can cause neurological damage in children. Temperatures in hot cars can reach dangerous levels within 15 minutes. CFOC, pgs. 60-61 Standard 2.029; pg. 276 Standard 5.238

Enforcement

Level 2 Noncompliance: If the temperature in a vehicle is over 90 degrees.

Level 3 Noncompliance: If the temperature in a vehicle is under 60 degrees.

(1) Any vehicle used for transporting children shall:

(f) contain a first aid kit; and

Rationale / Explanation

Caregivers must be able to respond to the needs of children in case of injury, which requires that adequate emergency supplies be available in all conditions, including when children are being transported. CFOC, pg. 275 Standard 5.237; pg. 63 Standard 2.038

Enforcement

Always Level 3 Noncompliance.

(1) Any vehicle used for transporting children shall:

(g) contain a body fluid clean up kit.

Rationale / Explanation

Children and adults may unknowingly be infected with infectious agents such as hepatitis B, HIV, or other infectious agents found in blood. Blood and body fluids containing blood (such as water discharges from injuries) pose the highest potential risk, because bloody body fluids contain the highest concentration of viruses. In addition, the hepatitis B virus can survive in a dried state for at least a week and perhaps even longer. Some other body fluids such as saliva contaminated with blood or blood-associated fluids may contain live viruses but at lower concentrations than are found in blood itself. Many other types of infectious germs may be contained in human waste and other body fluids. Because many people carry such communicable diseases without having symptoms, and many are contagious before they experience symptoms, adults and children alike need to be protected by following safe procedures for handling body fluids. CFOC, pgs. 101-102 Standard 3.026; pgs. 28-29 Standard 1.033

R430-100-21. TRANSPORTATION.

Enforcement

Always Level 2 Noncompliance.

(2) At least one adult in each vehicle transporting children shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification.

Rationale / Explanation

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC, pgs. 21-22 Standard 1.026; pgs. 60-61 Standard 2.029

Enforcement

Always Level 1 Noncompliance.

(3) The adult transporting children shall:
(a) have and carry with them a current valid Utah driver's license, for the type of vehicle being driven, whenever they are transporting children;

Rationale / Explanation

Driving children is a significant responsibility. The purpose of this rule is to ensure that anyone who drives children is competent to drive the vehicle being driven. CFOC, pgs. 60-61 Standard 2.030

In Utah, a person who drives a vehicle designed to carry 16 or more passengers, including the driver, is required to have a commercial driver's license (CDL). See Utah Code, Title 53, Section 3, Subsection 102(4) & (5).

Enforcement

Level 1 Noncompliance: If there is an accident, and the driver had no license.

Level 2 Noncompliance: If the vehicle is commercial (requiring a commercial driver's license) and the driver doesn't have one.

Level 3 Noncompliance otherwise.

(3) The adult transporting children shall:
(b) have with them written emergency contact information for all of the children being transported;

Rationale / Explanation

The purpose of this rule is to ensure that children's contact and emergency information is available any time they are being transported. In the event of an accident or a missing child, both caregivers and emergency response personnel may need access to children's emergency and contact information. CFOC, pg. 275 Standard 5.237

R430-100-21. TRANSPORTATION.

Enforcement

This rule is cited when child information is not in the vehicle during routine transportation, such as when children are being picked up or dropped off from school each day. If a provider does not have needed information for children during field trips or other non-routine transportation, cite R430-100-20(5)(b), not this rule.

Level 1 Noncompliance: If a lack of this information results in a problem in an emergency situation.

Level 3 Noncompliance otherwise.

(3) The adult transporting children shall:
(c) ensure that each child being transported is wearing an appropriate individual safety restraint;

Rationale / Explanation

The purpose of this rule is to prevent children from being killed in an automobile accident. Motor vehicle crashes are the leading cause of death of children in the United States, and children who are not buckled in appropriate restraints are 11 times more likely to die in a crash that children who are properly restrained. CFOC, pgs. 61-62 Standard 2.033; pgs. 274-275 Standard 5.236

Enforcement

"Safety restraints" refers to seat belts, car seats, booster seats, etc. used individually, and as required by Utah law. Utah code states the following regarding the use of child restraints:

41-6a-1803. Driver and passengers – Seat belt or child restraint device required.

(1) The operator of a motor vehicle operated on a highway shall:
(a) wear a properly adjusted and fastened safety belt;
(b) provide for the protection of each person younger than five years of age by using a child restraint device to restrain each person in the manner prescribed by the manufacturer of the device; and
(c) provide for the protection of each person five years of age up to 16 years of age by:
(i) using an appropriate child restraint device to restrain each person in the manner prescribed by the manufacturer of the device; or
(ii) securing, or causing to be secured, a properly adjusted and fastened safety belt on each person.

Always Level 1 Noncompliance.

(3) The adult transporting children shall:
(d) ensure that no child is left unattended by an adult in the vehicle;

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. This includes supervising children during transport. The placement of a child in a vehicle does not eliminate the need for supervision. Potential dangers when children are left unattended in vehicles include a child leaving the vehicle, a child taking the vehicle out of gear or taking the park brake off, a child being taken from a vehicle by an unauthorized individual, or a child dying from heat stress in a

hot car. (Temperatures in hot cars can reach dangerous levels within 15 minutes.) CFOC, pgs. 58-59 Standard 2.028; pgs. 60-61 Standard 2.029; pg. 6 Standard 1.004; pg. 60 Standard 2.029

Enforcement

Always Level 1 Noncompliance.

(3) The adult transporting children shall:
(e) ensure that all children remain seated while the vehicle is in motion;

Rationale / Explanation

The purpose of this rule is to ensure that children are not injured by falling or being thrown when a vehicle moves, such as in a sudden stop or start. Moving children may also distract the driver and cause an increased risk of an accident. CFOC, pg. 63 Standard 2.037

Enforcement

Always Level 1 Noncompliance.

(3) The adult transporting children shall:
(f) ensure that keys are never left in the ignition when the driver is not in the driver's seat; and,

Rationale / Explanation

The purpose of this rule is to prevent children from starting and/or moving a vehicle in the absence of a responsible driver.

Enforcement

Always Level 1 Noncompliance.

(3) The adult transporting children shall:
(g) ensure that the vehicle is locked during transport.

Rationale / Explanation

The purpose of this rule is to prevent an intruder from getting into the vehicle, and to prevent children from accidentally falling out of the vehicle or opening a door before a vehicle comes to a stop.

Enforcement

Always Level 2 Noncompliance.

R430-100-22. ANIMALS.

(1) The provider shall inform parents of the types of animals permitted at the facility.

Rationale / Explanation

The purpose of this rule is to ensure that parents are aware of any animals their child may come in contact with at the center. This is important because the risk of injury, infection, and aggravation from allergies due to contact between children and animals is significant. CFOC, pg. 111 Standard 3.042; pg. 335 Standard 8.005

Enforcement

Always Level 2 Noncompliance.

(2) All animals at the facility shall be clean and free of obvious disease or health problems that could adversely affect children.

Rationale / Explanation

Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. The purpose of this rule is to prevent the spread of disease through contact with dirty or ill animals, and to prevent children from being bitten or otherwise injured by a sick animal. CFOC, pg. 112 Standard 3.044

Enforcement

Always Level 1 Noncompliance.

(3) All animals at the facility shall have current immunizations for all vaccine preventable diseases that are transmissible to humans. The center shall have documentation of the vaccinations.

Rationale / Explanation

Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. The purpose of this rule is to prevent the spread of disease through contact with dirty or ill animals, and to prevent children from being bitten or otherwise injured by a sick animal. CFOC, pg. 112 Standard 3.044

Enforcement

Always Level 1 Noncompliance.

(4) There shall be no animal on the premises that has a history of dangerous, attacking, or aggressive behavior, or a history of biting even one person.

Rationale / Explanation

The purpose of this rule is to prevent injury to children by an aggressive animal. CFOC, pg. 112 Standard 3.043

Enforcement

Always Level 1 Noncompliance.

(5) Children shall not assist with the cleaning of animals or animal cages, pens, or equipment.

R430-100-22. ANIMALS.

Rationale / Explanation

Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. A pet's food can also become contaminated by standing at room temperature. The purpose of this rule is to prevent the spread of disease to children from animal food or droppings. CFOC, pg. 112 Standard 3.044

Enforcement

Level 2 Noncompliance.

(6) There shall be no animals or animal equipment in food preparation or eating areas.

Rationale / Explanation

The presence of animals in food preparation or eating areas can increase the risk of contaminating food. CFOC, pg. 170 Standard 4.042

Enforcement

Always Level 1 Noncompliance.

(7) Children shall not handle reptiles or amphibians.

Rationale / Explanation

The purpose of this rule is to prevent the spread of salmonella. CFOC, pg. 112 Standard 3.043

Enforcement

Always Level 1 Noncompliance.

R430-100-23. DIAPERING.

If the center diapers children, the following applies:

(1) Caregivers shall change children's diapers at a diaper changing station. Diapers shall not be changed on surfaces used for any other purpose.

Rationale / Explanation

The use of a separate area for diaper changing reduces the contamination of other areas in the child care environment. Using diaper changing surfaces for any other purpose increases the likelihood of contamination and the spread of infectious disease agents. CFOC, pgs. 95-96 Standard 3.015, 3.017

Enforcement

Children who are too large to be changed at the diapering station, such as older children with disabilities, may be changed on a nap mat or other smooth, waterproof surface placed on the floor, provided the surface is thoroughly cleaned and disinfected after each diaper change. When this is the case, children should still be changed next to the diaper changing station, and not in any other area of the room.

Diapered two's can be changed in the bathroom at a toilet, but the required procedures for handwashing and disposal of diapers or pull-ups must be followed when this is done.

Level 1 Noncompliance: If diapers are changed in a food preparation or eating area.

Level 2 Noncompliance otherwise.

(2) Each diapering station shall be equipped with railings to prevent a child from falling when being diapered.

(3) Caregivers shall not leave children unattended on the diapering surface.

Rationale / Explanation

The purpose of this rule is to prevent injury to children due to falls from the diaper changing station. Data from the Consumer Product Safety Commission shows that falls are a serious hazard associated with diaper changing tables. Some changing tables have straps that are intended to prevent children from falling, but these straps can trap soil and contaminants, making them difficult to disinfect, so they should not be used. CFOC, pg. 93 Standard 3.014; pgs. 242-243 Standard 5.133

Enforcement

Diapering stations with a molded edge that prevents children from falling are acceptable, unless the diapering mat is thick enough that it is flush with the molded edge, so that the molded edge does not protect children from rolling or falling off the changing table.

Always Level 1 Noncompliance.

(4) The diapering surface shall be smooth, waterproof, and in good repair.

Rationale / Explanation

The purpose of this rule is to ensure that diapering surfaces can be adequately cleaned and disinfected, in order

to prevent the spread of disease-causing agents. It is difficult, if not impossible, to disinfect porous surfaces or surfaces that cannot be completely cleaned. CFOC, pgs. 96-97 Standard 3.019; pgs. 242-243 Standard 5.133

Enforcement

A smooth waterproof surface means one that does not absorb liquid or retain soil.

Always Level 1 Noncompliance.

(5) The provider shall post diapering procedures at each diapering station and ensure that they are followed.

Rationale / Explanation

The purpose of this rule is to ensure that all caregivers are aware of and follow correct diaper changing procedures, in order to prevent the spread of disease-causing agents. CFOC, pgs. 93-95 Standard 3.014; pg. 96 Standard 3.018; pg. 412, Appendix D

The American Academy of Pediatrics and the American Public Health Association recommend the following diapering procedures:

1. *Before you bring the child to the diaper changing area, wash your hands and bring the supplies you will need to the diaper changing area, including: a clean diaper, clean clothes (if needed), wipes removed from the container, disposable gloves (if you will use them), and diaper cream on a tissue or paper towel.*
2. *Carry the child to the changing table, keeping soiled clothing away from you and from any surface that cannot be easily cleaned and disinfected.*
3. *Unfasten the soiled diaper but leave it under the child. Lift the child's legs as needed and use the disposable wipes to clean the child, wiping from front to back, using a fresh wipe each time. Put the soiled wipes into the soiled diaper, or directly into a plastic-lined, hands-free covered container.*
4. *Fold the soiled diaper surface inward, and put the soiled diaper into a plastic-lined, hands-free covered container. If reusable cloth diapers are used, put the soiled diaper and its contents, without rinsing, into a plastic bag or a plastic-lined, hands-free covered container.*
5. *If gloves were used, remove them and put them into a plastic-lined, hands-free covered container.*
6. *Use a disposable wipe to clean the caregivers hands, and another wipe to clean the child's hands. Put the soiled wipes into a plastic-lined, hands-free covered container.*
7. *Slide a clean diaper under the child and use the tissue or paper towel to apply any necessary diaper cream. Dispose of the tissue or paper towel in a plastic-lined, hands-free covered container, then fasten the diaper.*
8. *Wash the child's hands and return them to the group.*
9. *Clean and disinfect the diaper changing surface.*
10. *Wash your hands.*

Enforcement

Level 1 Noncompliance: If correct diapering procedures are not followed.

Level 3 Noncompliance: If correct procedures are followed, but are not posted at a diapering station.

(6) Caregivers shall clean and disinfect the diapering surface after each diaper change.

R430-100-23. DIAPERING.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease-causing agents. CFOC, pgs. 93-95 Standard 3.014; pgs. 96-97 Standard 3.019

Enforcement

Always Level 1 Noncompliance.

(7) Caregivers shall wash their hands before and after each diaper change.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease-causing agents. CFOC, pgs. 93-95 Standard 3.014; pgs. 97-98 Standard 3.020

Enforcement

Always Level 1 Noncompliance.

(8) Caregivers shall place soiled disposable diapers in a container that has a plastic lining and a tightly fitting lid.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease-causing agents. Separate, plastic-lined waste containers that do not require touching with contaminated hands and that children cannot access encloses odors and prevents children from coming into contact with body fluids. CFOC, pgs. 93-95 Standard 3.014; pgs. 213-214 Standard 5.067

Enforcement

Level 1 Noncompliance: If soiled diapers are placed in a container without a tight fitting lid, and there are mobile toddlers who could get into the container. Or, if soiled diapers are not put into any container.

Level 3 Noncompliance: If soiled diapers are placed in a container that does not have a plastic liner. Or, if soiled diapers are placed in a container without a tight fitting lid, but there are only non-mobile infants in the group, who could not get to the container.

(9) The provider shall daily clean and disinfect containers where soiled diapers are placed.

Rationale / Explanation

The purpose of this rule is to prevent noxious odors and the spread of disease. CFOC, pg. 214 Standard 5.068

Enforcement

Always Level 2 Noncompliance.

(10) If cloth diapers are used:

(a) they shall not be rinsed at the center; and
(b) after a diaper change, the caregiver shall place the cloth diaper directly into a leakproof container that is inaccessible to children and labeled with the child's name, or a leakproof diapering service container.

Rationale / Explanation

Containing and minimizing the handling of soiled diapers so they do not contaminate other surfaces is essential to prevent the spread of infectious disease. Rinsing a cloth diaper or putting stool into a toilet in the child care center increases the likelihood that other surfaces will be contaminated. CFOC, pg. 96 Standard 3.018

Enforcement

Level 1 Noncompliance: If children have access to soiled cloth diapers.

Level 2 Noncompliance: If diapers are rinsed at the facility, or if the container they are put into is not leakproof, but is inaccessible to children.

(11) Caregivers shall change children's diapers promptly when they are wet or soiled, and shall check diapers at least once every two hours.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend checking children's diapers at least once every hour, and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. The reason for this is because the frequency and severity of diaper rash is lessened when diapers are changed more often. CFOC, pgs. 92-93 Standard 3.013

For the purposes of this rule, "diapers" include pull-ups.

Enforcement

Always Level 2 Noncompliance.

(12) Caregivers shall keep a written record daily for each infant and toddler documenting their diaper changes. The record shall be completed within an hour of each diaper change, and shall include the time of the diaper change and whether the diaper was wet, soiled, or both.

Rationale / Explanation

The purpose of this rule is to ensure that children's diapers are checked at least once every two hours and changed as needed, including during caregiver shift changes. It also allows parents to know when their children's diapers were changed, and can alert both parents and caregivers to any changes in the child's bowel movement pattern. CFOC, pgs. 92-93 Standard 3.013

Enforcement

Always Level 3 Noncompliance.

R430-100-23. DIAPERING.

(13) Caregivers whose designated responsibility includes the care of diapered children shall not prepare food for children or staff outside of the classroom area used by the diapered children.

Rationale / Explanation

The purpose of this rule is to ensure that staff who diaper children do not potentially contaminate the food for all children in the center by diapering children and then preparing food for the center. An exception to this rule may be made for a staff member who cooks food immediately upon entering the center, such as making breakfast, and who then assumes caregiver duties for diapered children only after finishing food preparation duties. In such cases, the caregiver may never go back to food preparation outside of the classroom on any given day after they have assumed caregiving duties for diapered children. CFOC, pg. 173-174 Standard 4.051

Enforcement

This rule is cited when a staff member who is normally assigned caregiving duties for diapered children goes into the kitchen to prepare food for people outside of their assigned group of children. If a staff member who is normally assigned cooking duties goes into a diapered group of children to assume caregiving duties, cite R430-100-16(18), not this rule.

Always Level 1 Noncompliance.

R430-100-24. INFANT AND TODDLER CARE.

If the center cares for infants or toddlers, the following applies:

(1) The provider shall not mix infants and toddlers with older children, unless there are 8 or fewer children present at the center.

(2) Infants and toddlers shall not use outdoor play areas at the same time as older children.

Rationale / Explanation

Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run in to, knocked down, pushed, shoved, sat on, etc. CFOC, pg. 54 Standard 2.013; pg. 236 Standard 5.114

Separation of infants from older children and non-caregiving adults is also important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. CFOC, pg. 54 Standard 2.103; pg. 236 Standard 5.114

Enforcement

If a child in a toddler group turns two and the center feels the child is not ready to move to a two-year-old class, or if a center chooses to keep children together in the same group over time rather than moving individual toddlers up to a two-year-old group on their birthday, two-year-olds may remain in the toddler group after they turn two. However, the group they remain in must maintain the 1:4 ratio for toddlers, and follow all of the other rules related to toddler care.

Always Level 1 Noncompliance.

(3) If an infant is not able to sit upright and hold their own bottle, a caregiver shall hold the infant during bottle feeding. Bottles shall not be propped.

Rationale / Explanation

Propping bottles can cause choking and aspiration, and may contribute to long-term health issues including ear infections, orthodontic problems including tooth decay, speech disorders, and psychological problems. CFOC, pgs. 157-158 Standard 4.014

Enforcement

Always Level 2 Noncompliance.

(4) The provider shall clean and sanitize high chair trays prior to each use.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease. Clean food service surfaces prevent the spread of microorganisms that can cause disease. CFOC, pgs. 165-166 Standard 4.019

R430-100-24. INFANT AND TODDLER CARE.

Enforcement

Always Level 2 Noncompliance.

(5) The provider shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter. The provider shall cut solid foods for toddlers into pieces no larger than ½ inch in diameter.

Rationale / Explanation

These guidelines are recommended by the American Academy of Pediatrics and the American Public Health Association to prevent choking, because infants are not able to chew, and toddlers often swallow pieces of food whole without chewing. CFOC, pgs. 168-169, Standards 4.037, 4.038

Enforcement

For the purpose of this rule, solid foods do not include crackers or cookies.

Always Level 1 Noncompliance.

(6) Baby food, infant formula, and breast milk for infants that is brought from home for an individual child's use must be:
- **(a) labeled with the child's name;**
- **(b) labeled with the date and time of preparation or opening of the container, such as a jar of baby food;**
- **(c) kept refrigerated if needed; and**
- **(d) discarded within 24 hours of preparation or opening, except that powdered formula or dry foods which are opened, but are not mixed, are not considered prepared.**

Rationale / Explanation

The purposes of this rule are to ensure that a child is not accidently fed another child's food (which can lead to an allergic reaction), and to ensure that children do not become ill from eating spoiled food. CFOC, pgs. 158-160 Standards 4.015, 4.016, 4.017, 4.021

Enforcement

Breast milk that collected and frozen immediately after collection is not considered "prepared" or "opened", and can be stored in the freezer for up to 2 weeks, after which, it should be discarded. Breast milk that is not frozen (i.e., just collected or just thawed), but has not yet been fed to a child can be stored in a refrigerator (at 40 degrees) for up 24 hours, after which, it should be discarded.

Always Level 2 Noncompliance.

(7) Infant formula and milk, including breast milk, shall be discarded after feeding, or within two hours of initiating a feeding.

Rationale / Explanation

The purpose of this rule is to prevent children from eating spoiled milk or formula, and to prevent the spread of

disease. Bacteria introduced by saliva makes milk consumed over a period of more than an hour unsuitable and unsafe for consumption. CFOC, pgs. 157-160 Standards 4.014, 4.015, & 4.017

Enforcement

Always Level 2 Noncompliance.

(8) To prevent burns, heated bottles shall be thoroughly shaken and tested for temperature before being fed to children.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend warming infant bottles by placing them under warm running tap water or placing them in a container of water that is no warmer than 120 degrees, for no longer than 5 minutes. Bottles of formula or milk that are warmed at room temperature or in warm water for an extended period of time provide an ideal medium for bacteria to grow. In addition, infants have received burns from hot water dripping from an infant bottle that was removed from a crock pot, or by pulling the crock pot down on themselves by a dangling cord. CFOC, pg.160 Standard 4.018

Gently shaking warmed bottles before feeding them to children prevents burns from "hot spots" in the heated liquid. Gentle shaking is important, because excessive shaking of human breast milk may damage some of the cellular components of the milk that are valuable to infants, as may excessive heating. Excessive shaking of formula may cause foaming, which increases the likelihood of feeding air to infants. CFOC, pg.160 Standard 4.018

Enforcement

Always Level 1 Noncompliance.

(9) Pacifiers, bottles, and non-disposable drinking cups shall be labeled with each child's name, and shall not be shared.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease among children that can result from sharing these items. CFOC, pg. 109 Standard 3.037

Enforcement

If a center brings cups for children into the room when each meal is served, and removes the cups from the room immediately after the meal to clean and sanitize them (so that the cups are only in the room during the meal), the cups do not need to be labeled with each child's name.

If a pacifier is too small to be labeled with a child's full name, it can be labeled with the child's initials.

Always Level 2 Noncompliance.

(10) Only one infant shall occupy any one piece of equipment at any time, unless the equipment has individual seats for more than one child.

R430-100-24. INFANT AND TODDLER CARE.

Rationale / Explanation

The purpose of this rule is to prevent infants from accidentally injuring one another.

Enforcement

Always Level 2 Noncompliance.

(11) Infants shall sleep in equipment designed for sleep such as a crib, bassinet, porta-crib or play pen. Infants shall not be placed to sleep on mats or cots, or in bouncers, swings, car seats, or other similar pieces of equipment.

Rationale / Explanation

The purpose of this rule is to prevent injury to children from entrapment, falls, or other children, and to reduce the risk of Sudden Infant Death Syndrome, which increases when children are not put to sleep lying on their backs. CFOC, pg. 248 Standard 5.146

Enforcement

This rule would not be cited if an infant sleeps in a non-allowed piece of equipment, but the parent has provided documentation from a doctor instructing otherwise due to a medical condition.

Always Level 1 Noncompliance.

(12) Infant cribs must:
- **(a) have tight fitting mattresses;**
- **(b) have slats spaced no more than 2-3/8 inches apart;**
- **(c) have at least 20 inches from the top of the mattress to the top of the crib rail; and**
- **(d) not have strings, cords, ropes, or other entanglement hazards strung across the crib rails.**

Rationale / Explanation

The purpose of this rule is to prevent injuries to children. Children have strangled because their shoulder or neck became caught in a gap between the slats or between the mattress and the crib side. Deaths by asphyxiation resulting from the head or neck becoming wedged in parts of a crib are well-documented. Children can also be injured falling from a crib if the top of the crib rail is not high enough to prevent falls. (Depending on the age, size, and mobility of the child, there may need to be more than 20 inches from the top of the mattress to the top of the crib rail, to prevent standing children from falling out of the crib.) The presence of strings or cords strung across crib rails presents a strangulation hazard. CFOC, pg. 224 Standard 5.088; pgs. 247-248 Standard 5.145

Enforcement

A mattress is considered tight-fitting if no more than two fingers can fit between the mattress and the crib side.

Always Level 1 Noncompliance.

(13) Infants shall not be placed on their stomachs for sleeping, unless there is documentation from a health care provider for treatment of a medical condition.

R430-100-24. INFANT AND TODDLER CARE.

Rationale / Explanation

Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome. The American Academy of Pediatrics and the American Public Health Association also recommend that pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items be removed from cribs, as infants have been found dead with these items covering their faces, noses, and mouths. CFOC, pgs. 88-89 Standard 3.008; pg. 248 Standard 5.146

Enforcement

Always Level 1 Noncompliance.

(14) Each infant and toddler shall follow their own pattern of sleeping and eating.

Rationale / Explanation

Feeding infants on demand meets their nutritional and emotional needs and helps to ensure the development of trust and feelings of security. Allowing children to sleep when they are tired meets their basic physical need for rest. Children's ability to develop trust can be impaired when their basic physical needs are not met in a timely manner. CFOC, pgs. 88-89 Standards 3.008, 3.009; pg. 157 Standard 4.013

Children's brain development can also be harmed by excess levels of cortisol, which result when children are under stress for extended periods of times because their immediate physical needs are not met. Cortisol alters the brain by making it vulnerable to processes that destroy neurons, and by reducing the number of synapses in certain parts of the brain, both of which can undermine neurological development and impair brain function. It also negatively impacts the child's metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children. Rethinking the Brain, by Rima Shore, Families and Work Institute

Enforcement

Toddlers may begin to be eased into group schedules for eating and napping. However any toddler who is tired must be allowed to rest, and any toddler who is hungry must be given something to eat.

Always Level 2 Noncompliance.

(15) Caregivers shall keep a written record daily for each infant documenting their eating and sleeping patterns. The record shall be completed within an hour of each feeding or nap, and shall include the food and beverages eaten, and the times the child slept.

Rationale / Explanation

The purpose of this rule is to ensure that parents are informed about their children's daily eating and sleeping patterns. Because infants are non-verbal, knowing when there is a change in an infant's pattern of eating or sleeping can alert parents and caregivers to potential health problems. The daily record can also help to ensure that children's basic physical needs for food and rest are met, including during caregiver shift changes. CFOC, pg. 374 Standard 8.074

R430-100-24. INFANT AND TODDLER CARE.

Enforcement

Always Level 2 Noncompliance.

(16) Infant walkers with wheels are prohibited.

Rationale / Explanation

Because many injuries, some fatal, have been associated with the use of walkers, and because there is no clear developmental benefit from their use, the American Academy of Pediatrics has recommended that they not be used in child care centers. Walkers are dangerous because they move children around too fast, and to hazardous areas. The upright position also brings children close to objects they can pull down on themselves. Walkers are the cause of more injuries than any other baby product. Each year an estimated 21,300 children are treated in U.S. hospital emergency rooms for injuries related to walkers. CFOC, pg. 221 Standard 5.083

Enforcement

Always Level 1 Noncompliance.

(17) Infants and toddlers shall not have access to objects made of styrofoam.

Rationale / Explanation

Styrofoam can break into pieces that can become choking hazards for young children. CFOC, pgs. 165-166 Standard 4.029

Enforcement

Always Level 1 Noncompliance.

(18) Caregivers shall respond as promptly as possible to infants and toddlers who are in emotional distress due to conditions such as hunger, fatigue, wet or soiled diapers, fear, teething, or illness.

Rationale / Explanation

Responsive caregiving has been shown to be important for brain development in infants and toddlers. Research has shown that when children experience stress, the level of cortisol in their brain increases. Cortisol alters the brain by making it vulnerable to processes that destroy neurons, and by reducing the number of synapses in certain parts of the brain, both of which can undermine neurological development and impair brain function. It also negatively impacts the child's metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children. Rethinking the Brain*, by Rima Shore, Families and Work Institute; CFOC, pg. 52 Standard 2.010*

While it is not always possible for one adult caring for four infants or toddlers to respond immediately to children who are in distress, a caregiver who is not able to immediately respond to a child's needs may still reassure the child by making eye contact and speaking to the child in a reassuring tone of voice.

R430-100-24. INFANT AND TODDLER CARE.

Enforcement

Always Level 2 Noncompliance.

(19) Awake infants and toddlers shall receive positive physical stimulation and positive verbal interaction with a caregiver at least once every 20 minutes.

Rationale / Explanation

Opportunities for active learning are vitally important for the development of motor skills and sensory motor intelligence. In addition, children's cognitive development depends in large part on their developing language skills. The richness of a child's language increases when it is nurtured by verbal interactions and learning experiences with adults and peers. CFOC, pg. 50 Standard 2.007; pgs. 53-54 Standards 2.011, 2.012

Enforcement

Always Level 2 Noncompliance.

(20) Awake infants shall not be confined for more than 30 minutes in one piece of equipment, such as swings, high chairs, cribs, play pens, or other similar pieces of equipment.

Rationale / Explanation

The purpose of this rule is to ensure that children have the freedom of movement needed to develop basic motor skills, such as crawling, standing, walking, and climbing.

Enforcement

Always Level 2 Noncompliance.

(21) Mobile infants and toddlers shall have freedom of movement in a safe area.

Rationale / Explanation

The purpose of this rule is to ensure that children have the freedom of movement in a safe environment needed to develop basic motor skills, such as crawling, standing, walking, and climbing.

Enforcement

This rule is cited if mobile infants and toddlers do not have a safe area in which they can have freedom of movement. If there is a safe area for freedom of movement, but children do not have the opportunity to use it because they are confined for too long in pieces of equipment, cite R430-100-24(20) above, not this rule.

Always Level 1 Noncompliance.

(22) To stimulate their healthy development, there shall be safe toys accessible to infants and toddlers. There shall be enough toys for each child in the group to be engaged in play with toys.

R430-100-24. INFANT AND TODDLER CARE.

Rationale / Explanation

Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain*, by Rima Shore;* Ten Things Every Child Needs for the Best Start in Life*, the Robert T. McCormick Tribune Foundation;* How a Child's Brain Develops and What it Means for Child Care and Welfare Reform*, Time, February 3, 1997; CFOC, pgs. 53-54 Standard 2.012.*

Enforcement

The specific toys or kinds of toys a center offers to support children's healthy development are to be determined solely by the licensee, as Utah law prohibits the Department of Health from regulating the educational curricula, academic methods, or educational philosophy or approach of the provider.

Level 1 Noncompliance: If a toy is unsafe.

Level 2 Noncompliance: If there are not enough toys for all children to be engaged in play.

(23) All toys used by infants and toddlers shall be cleaned and sanitized:

- **(a) weekly;**
- **(b) after being put in a child's mouth; and**
- **(c) after being contaminated by body fluids.**

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. The purpose of this rule is to prevent the spread of disease. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing.

Small toys with hard surfaces can be set aside for cleaning by putting them into a dishpan labeled "soiled toys." This dish pan can contain soapy water to begin removal of soil, or it can be a dry container used to hold toys until they can be cleaned later. (In order to use this method, there must be enough toys to rotate them through the cleaning process.) Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can clean and sanitize the surfaces. CFOC, pgs. 108-109 Standard 3.036; pgs. 104-105 Standard 3.028; pgs. 108-109 Standard 3.036

Enforcement

Always Level 2 Noncompliance.

KEY: child care facilities, child care, child care centers
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